



70 Drug Warriors Raid 4 MMJ Orgs

While 911 Dispatcher Tells Woman About To Be Sexually Assaulted There Are No Cops To Help Her Due To Budget Cuts

In what has to be an all-time prime example of the pork-barrel boondoggle that is the Pot War - and what it fully costs regular citizens, eighteen agencies took part in the latest raids of Medical Cannabis Resource Centers across southern Oregon. Further, it's a demonstration of the process that LEO puts us thru to (a) get the Legislative and Levy items they want, to (b) distract folks from their anti-people budget games and (c) be another suckling on the Drug War teat in general. In Medford, [Southern Oregon NORML \(SOCCC\)](#), [The Green Compass](#) and [Puffin Stuff](#) were raided, The Compass (affiliated with The Green Compass) in Gold Hill, OR, and [The Greener Side](#) in Eugene also were hit by LEO. A Eugene area activist reported "Just went to the Greener Side. The door is locked, one cameraman and reporter from KVAL who were not interested in interviews, except for the cops. They were filming through the

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Science Over Ideology? And Yet The War On Pot Continues

— by Jim Greig for AAMC

An open letter to President Obama:

I am a disabled American worker who uses state approved marijuana for medical reasons. I am offended that you choose to consider me a criminal.

Mr. President, we all know that you smoked a lot of weed as a youth, and that your cannabis consumption did not prevent you from becoming this nation's elected leader.

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ASA Takes Cannabis Classification Challenge to Supreme Court

Americans for Safe Access is taking its case on cannabis rescheduling to the U.S. Supreme Court. This follows an April decision by the Court of Appeals for the District of Columbia Circuit to deny a petition for rehearing in Americans for Safe Access v. Drug Enforcement Administration, a case that challenges the DEA's refusal to acknowledge that cannabis has currently accepted medical uses.

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Illinois House Passes Medical Cannabis Bill

Springfield, IL: House and Senate lawmakers have [approved](#) legislation, [House Bill 1](#), to establish a pilot program regulating the state-licensed production and dispensing of therapeutic cannabis to qualified patients. The measure now awaits action from Democrat Gov. Pat Quinn, who recently stated publicly that he is "[open-minded](#)" about the legislation.

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Maryland Legislature Approves Limited Bill

The Maryland Senate last month overwhelmingly approved a House of Delegates bill that extends protections for patients and creates a framework for limited distribution through research hospitals in the state. The Senate voted 42-4 in favor, despite objections from ASA and other advocates that it does little to establish safe access, and a report from the nonpartisan Maryland Department of Legislative Services that questioned the plan's feasibility.

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The MERCY News Report is an all-volunteer, not-for-profit project to record and broadcast news, announcements and information about medical cannabis in Oregon, across America and around the World.

For more information about the MERCY News, contact us.

Via Snail Mail:

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Or our WWW page:

www.MercyCenters.org

Check it out!

MERCY On The Tube!



in Salem, Oregon area thru Capital Community Television, Channel 23. Call In – 503.588-6444 - on Friday at 7pm, or See us on Wednesdays at 06:30pm, Thursdays at 07:00pm, Fridays at 10:30pm and Saturdays at 06:00pm. Visit – <http://mercycenters.org/tv/>

About MERCY – The Medical Cannabis Resource Center

MERCY is a non-profit, grass roots organization founded by patients, their friends and family and other compassionate and concerned citizens in the area and is dedicated to helping and advocating for those involved with the Oregon Medical Marijuana Program (OMMP). MERCY is based in the Salem, Oregon area and staffed on a volunteer basis.

The purpose is to get medicine to patients in the short-term while working with them to establish their own independent sources. To this end we provide, among other things, ongoing education to people and groups organizing clinics and other Patient Resources, individual physicians and other healthcare providers about the OMMP, cannabis as medicine and doctor rights in general.

The mission of the organization is to help people and change the laws. We advocate reasonable, fair and effective marijuana laws and policies, and strive to educate, register and empower voters to implement such policies. Our philosophy is one of teaching people to fish, rather than being dependent upon others.

Want to get your Card? Need Medicine Now?

Welcome to The Club! MERCY – the Medical Cannabis Resource Center hosts Mercy Club Meetings **every Wednesday** at - **1745 Capital Street NE, Salem, 97301** – from **7pm to 9pm** to help folks get their card, network patients to medicine, assist in finding a grower or getting to grow themselves, or ways and means to medicate along other info and resources depending on the issue. **visit – www.MercyCenters.org - or Call 503.363-4588 for more.**

The Doctor is In ... Salem! * MERCY is Educating

Doctors on signing for their Patients; Referring people to Medical Cannabis Consultations when their regular care physician won't sign for them; and listing all Clinics around the state in order to help folks Qualify for the OMMP and otherwise Get their Cards. For our Referral Doc in Salem, get your records to – **1745 Capital Street NE, Salem, 97301**, NOTE: There is a \$25 non-refundable deposit required. Transportation and Delivery Services available for those in need. For our Physician Packet to educate your Doctor, or a List of Clinics around the state, visit – www.MercyCenters.org - or Call **503.363-4588** for more.

Other Medical Cannabis Resource NetWork Opportunities for Patients as well as CardHolders-to-be. * whether Social meeting, Open to public –or– Cardholders Only * visit: <http://mercycenters.org/events/Meets.html> ! Also Forums - a means to communicate and network on medical cannabis in Portland across Oregon and around the world. **A list of Forums, Chat Rooms, Bulletin Boards and other Online Resources for the Medical Cannabis Patient, CareGiver, Family Member, Patient-to-Be and Other Interested Parties.** * Resources > Patients (plus) > Online > Forums * Know any? Let everybody else know! Visit: <http://mercycenters.org/orgs/Forums.html> and Post It!

<continued from 70 DRUG COPS RAID 4 MMJ ACTIVIST ORGS, page 1 > front door. The officer who came out said he couldn't say anything for four hours, because there were several of these going on and things might change by then. He was from the Interagency Narcotics Task Force." **The media response is probably due to them being called there by the police before the raid so they would be able to tape the cops dragging the activists before the camera in chains, an officer on each side. Sometimes they'll shake them too, shouting "Stop Resisting", all for maximum propaganda effect.**

In all 18 Agencies dog-piled on these good, gentle people - who were only serving the sick and dying, helping folks to a better quality of life if not end of. They were raided for political purposes - to shut them up and it's how they send a message - but also because it's fun and profitable for the cops, much more so than going after real criminals and in general, beats working for a living.

They must have jammed in the doorway like the Three Stooges as Drug Warriors from Jackson County District Attorney's Office, Oregon State Police, Oregon Department of Justice, Jackson County Sheriff's Office, Jackson County Community Justice, Rogue Area Drug Enforcement (RADE) team, Central Oregon Drug Enforcement (CODE) team, Ashland Police Department, Central Point Police Department, Eagle Point Police Department, Grants Pass Department of Public Safety, Medford Police Department, Phoenix Police Department, Talent Police Department, US Homeland Security Investigations, Federal Bureau of Investigations, Drug Enforcement Administration, and the US Marshal's Service -- - 70 officers in all, stormed in on 4 citizen-groups totaling a dozen harmless folks. One can only wonder how many cartel gardens and gangs such a force could have taken out.

It is believed charges are all local, no federal charges. The charges in the official press release were 22 counts each (Lori and Lee at SO NORML) for delivery within 1000 feet of a school. We need to support these good people who were - and still are! - just trying to help patients.

Raid, Jail, Court Support | The folks in the pokey need Jail Support while we work to re-open their places and otherwise help the Patients with Raid Support. Then comes the trials, potentially, which we should flood with Court Support.

NOTES: When attending Hearings and other Court appearances - Please dress appropriately and leave everything in the car; no medicine, pipes, weapons, contraband, etc. There are plans to organize fundraisers in Eugene, as will Medford. Ways to Help Out with Patient Networking, and Also, stay tuned for set up of Defense Fund where folks can make a contribution and the like.

Other Actions and Activities -

> **Raid and Arrest support; we want to be there when we can to video and witness for Raid victims. Also support Center members, get Resources to them and otherwise assist in re-opening closed places.** Places can be utilized for meetings and meet-ups for card-holders to network and as central points for law reform action and activity.

Good time to start Organizing Raid Response Teams, here's some info on how to Set up a raid response in your community and help stop government interference with patients' rights. Visit **ASA** - <http://www.safeaccessnow.org/section.php?id=457>. Sign up for ASA instant text messaging raid alerts: Visit - http://www.safeaccessnow.org/downloads/raid_text_alert_signup_sheet_2011.pdf

> **Jail support; Vigils outside and get what amenities we can to them while imprisoned. Work to get them free and support families as much as possible.** We should set up Families to be able to take in children of Activists when these happen also.

> **Court support and Legal help; Media attention, Fully inform potential jurors** thru LTEs, Rallies and getting folks to contact local officials and protest in general.

> **De-Elect, Fire and otherwise Dis-Empower all officials involved;** get attention on these examples of mis-placed priorities and related Prohibitionist Drug Warriors and Legislation.

Also, You Can Sign the "Peace for Patients" Petition | Let your elected representatives know it's time to stop the war on patients! **ASA's "Peace for Patients" campaign lets you show your support for seriously ill patients who are being prosecuted for their medicine, go to -** <http://AmericansForSafeAccess.org/peace>

Another possibility is the Consumers Division

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<continued from previous page> **which gives a list of #s for various grievousness.** As patients those of us who are who are reading this, maybe we should be complaining that our problem is with the fact that these raids are taking away our source of medicine. **This number gets you started . . . (503) 378-4400 . . . So lets launch as many complaints as possible against the LEOs involved in these raids as the ones taking the medicine we need from us.**

More on Cops On Campaign, Raids Across Oregon Relative to Legislature, Budgets

When it comes to publicity, Activists, like Joe and Jane Citizen, must do something like get a good number of people together, hold an event or rally and try to get the media there and themselves on TV with their message when they want to campaign, get the word out. LEO, especially where the Cannabis Law Reform issue is involved, beleive they accomplish the same thing by calling up the media and inviting them along while they bust activists, calling them "drug dealers".

It is no coincidence these folks were on TV, testified at hearings and otherwise publicly spoke out and exercised their 1st Amendments rights. LEO will undoubtedly be hoping to paint this places as major drug traffickers, hoping to derail any law reform legislation. It would be great to have patients will be hurt by these raids front and center. Of course, one could say Oregon Prohibitionist LE is only emulating what their Drug Warrior colleagues across America are doing – violate peoples Civil Rights under the color of Authority. In [Boise, Idaho](#) police wait til activists take a trip and sweep in to snatch their kids. In [Florida](#), a Medical Cannabis patient is practically followed home after a bill is introduced in her name and raided by police that same day.

What a waste of tax dollars and resources. Watching this, the cartels have to be laughing their cuticles off and then running down to the schoolyard with more dope to sell. This demonstrates the importance of passing legislation so law enforcement will *have* to go after real crime instead of pot-heads, especially the sick and dying ones. <continued on last page>

<continued from SCIENCE OVER IDEOLOGY? AND YET THE WAR ON POT CONTINUES, page 1 > But what seems to be passing over your head, sir, is that had you been arrested for possession of pot, you most certainly would never have become president of the U.S.

You should know that during your first four years in office, while you dodged and dismissed the marijuana issue, some three-quarters of a million people were arrested each year for possession - about three million marijuana arrests just in your first term. I'm curious how that fact fares when we consider your statement at Northwestern University in 2004 that the "war on drugs has been an utter failure."

Mr. President, I'd really like to understand where you're coming from. With 80 percent of U.S. voters supporting medical marijuana legalization and a slim majority favoring adult use, I have a hard time comprehending your reluctance to act properly. There is no risk to you - and certainly your fellow Democrats in Congress could stand a boost in their popularity.

Mr. Obama, may I remind you that when you were elected, one of your initial points on how your administration would operate revolved around supporting science rather than ideology. You said "promoting science isn't just about providing resources - it's about protecting free and open inquiry. It's about listening to what our scientists have to say, even when it's inconvenient - especially when it's inconvenient."

Well sir, I'm not sure how to break this to you, because it might be "inconvenient" but there is no scientific legitimacy behind the illegality of cannabis in any of its forms. Surely you must agree that the continued prohibition of industrial hemp is absurd. And to deny patients like myself legitimate access to a non-toxic, non-addictive, grow-it-at-home substance that greatly reduces my consumption of toxic pharmaceuticals, is cruel and capricious.

As our commander-in-chief you should know that today 22 veterans will commit suicide. Tomorrow, 22 more. In this country nearly two dozen veterans take their own lives every day. A lot of them suffer from post traumatic stress disorder (PTSD).

When University of Arizona psychiatrist Dr. Sue Sisley put together a study to find how effective cannabis is as a treatment for combat veterans with PTSD she first had to gain FDA and VA approval. Green-lighted from both agencies, her next step was to gain approval from the National Institutes of Drug Abuse. Since NIDA's mission is to find only the harms of drugs, her application was quickly rejected. In February I was in Washington, D.C., attending the Americas for Safe Access Unity Conference. While there I had the opportunity to

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<continued from previous page> meet Dr. John Schwarz, a physicist best known as one of the "fathers of string theory."

In a November 2012 Huffington Post op-ed, Schwarz, who's wife is a medical marijuana patient, criticized your administration for "ignoring scientists' voices on medical marijuana policy ... and severely restricting their ability to conduct new research."

He went on to say the "acceptance of science has come a long way since Galileo was arrested as a heretic for questioning the order of the universe. Yet today, the federal government ignores scientific facts accepted around the globe - not to mention the will of the American people - to cling to outdated ideological policies and restrict marijuana research. This is hardly the 'free and open scientific inquiry' President Obama touted in 2009."

Please, Mr. President. I would like to believe that you are not a hypocrite - that you believe in both science and the will of the American people. You cannot lose, sir, you can only gain.

In the words of Martin Luther King Jr., "Never, never be afraid to do what's right, especially if the well-being of a person or animal is at stake. Society's punishments are small compared to the wounds we inflict on our soul when we look the other way."

Jim Greig is an Organizer for Americans for Safe Access and a member of the Board of Directors for the Voter Power Foundation.

Full text of original article -

<http://www.eugeneweekly.com/20130509/guest-viewpoint/science-over-ideology> * **SOURCE = American Alliance for Medical Cannabis (AAMC). May 2013 Newsletter * Contact them at 44500 Tide Ave · Arch Cape, OR 97102 or by visiting - <http://www.letfreedomgrow.com>**

<continued from ASA TAKES CANNABIS CLASSIFICATION CHALLENGE TO SUPREME COURT, page 1 > ASA's appeal to the Supreme Court asks that the DEA be required to apply the same standard to evaluating cannabis that it uses for other substances.

The DEA claims there are no "adequate and well-controlled studies" that show cannabis has medical use, despite the many clinical trials and peer-reviewed scientific studies that show cannabis to be a safe and effective medicine for treating a wide variety of conditions.

The D.C. Circuit decided that only large-scale clinical trials involving hundreds of patients over many years would be sufficient to prove cannabis has medical use, even though that standard was

rejected in previous cases by the same court and others.

"The court said we have to meet a level of proof more stringent than what the government argued," said ASA Chief Counsel Joe Elford, who argued the case. "Out of thin air, they decided "adequate and well-controlled studies" means the Phase II and III studies required for FDA approval for marketing new drugs."

The relatively low abuse potential of cannabis is also grounds for moving it from Schedule I, even without any studies showing medical efficacy, but the D.C. Circuit failed to consider that.

ASA's appeal follows more than a decade of legal wrangling with the federal government over the medical efficacy of marijuana and its relative safety, following a 2002 rescheduling petition from the Coalition for Rescheduling Cannabis (CRC), of which ASA is a member. After the government stalled for nearly a decade, ASA sued for unreasonable delay, and the DEA denied the CRC petition. That enabled ASA to challenge the decision in court, citing the substantial scientific record and arguing the DEA acted arbitrarily and capriciously.

Congress placed cannabis in Schedule I in 1970, defining it as a dangerous drug with a high potential for abuse and no current use in medical treatment.

More information:

ASA petition for rehearing and en banc review - http://americansforsafeaccess.org/downloads/DC_Circuit_Petition_En_Banc.pdf

D.C. Circuit decision - http://americansforsafeaccess.org/downloads/DC_Circuit_Ruling_ASA_v_DEA.pdf

ASA appeal brief - http://americansforsafeaccess.org/downloads/CRC_Appeal.pdf

2002 CRC rescheduling petition - http://www.drugscience.org/PDF/Petition_Final_2002.pdf

<continued from ILLINOIS HOUSE PASSES MEDICAL CANNABIS BILL page 1 > The bill is now before the state Senate, which passed similar legislation in 2009 only to see it defeated in the House. The bill was introduced in January by state Rep. Lou Lang (D-Skokie), who touts the bill as one of the most restrictive in the country. Patients with a "debilitating medical condition" who have the approval of their physician would be able to possess

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<continued from previous page> HB1, the "Compassionate Use of Medical Cannabis Pilot Program Act," would protect qualified medical cannabis patients from arrest and prosecution but only for four years, after which state lawmakers would have to pass new legislation.



If signed into law, Illinois will become the [19th state](#) since 1996 to allow for authorized patients to possess and consume cannabis.

The Compassionate Use of Medical Cannabis Pilot Program Act allows for state-registered patients to possess up to 2.5 ounces of cannabis over a 14-day period, which they could obtain from one of 60 "registered dispensing organizations". Patients must possess a physician's recommendation, be diagnosed with one of some 40 "[debilitating medical conditions](#)" such as cancer, HIV, multiple sclerosis, or fibromyalgia, and must not possess a felony drug conviction to participate in the program. HB1 does not allow an affirmative defense for patients if they're arrested and gives police unfettered access to patient records.

Under the proposal, patients will not be permitted to cultivate their own cannabis. Rather, the measure requires patients to obtain cannabis from one of 60 proposed, state-licensed dispensaries w/ the sale of medical cannabis taxed at seven percent. These facilities will be supplied by 22 state-authorized cultivation centers. The Illinois Department of Agriculture, Department of Health, and Department of Financial & Professional Regulation will oversee the program.

If signed into law, the pilot program will officially take effect on January 1, 2014. Because the measure contains a sunset provision, it will expire in four year from this date unless lawmakers act to extend it.

Passage of HB1 came a day after nearly 250 Illinois physicians pledged their support for safe access to medical cannabis and three physicians held a press conference calling on legislators to act.

"The Illinois House has neglected to address some of the most pressing needs facing patients today," said Steph Sherer, ASA's Executive Director. "We'll do our best to improve the bill in the Senate, but even if it's enacted, advocates will have to pass a new bill in 2017."

A Paul Simon Public Policy Institute poll in February

found 63 percent of Illinois voters support the legalization of medical cannabis.

More information: HB1, the Compassionate Use of Medical Cannabis Pilot Program Act - <http://www.ilga.gov/legislation/98/HB/PDF/09800HB0001eng.pdf> - or, please contact Allen St. Pierre, NORML Executive Director, or Erik Altieri, NORML Communications Director, at (202) 483-5500.

<continued from MARYLAND LEGISLATURE APPROVES LIMITED BILL page 1 > The idea for distributing cannabis through licensed "Academic Medical Centers" came from Maryland Health & Mental Hygiene Secretary Dr. Joshua Sharfstein. His support, coupled with Governor Martin O'Malley's agreement to sign the bill, saw HB1101 overwhelmingly pass both houses of the legislature.

Academic medical centers would have to apply to participate in the program and would be responsible for not only dispensing medical cannabis but also staffing the physicians who would provide recommendations. The Department of Legislative Services (DLS) noted last month that the most likely participants, Johns Hopkins University and University of Maryland, have stated they will not be part of the program. DLS estimated that even if an academic medical center chose to participate, the regulatory hurdles would delay patient access until at least 2016. Their analysis also found that the program would need substantial funding—at least \$400,000 next year and nearly \$1 million the following, all of which would have to come from the state's general fund.

"Patients' needs should not be pitted against the needs of other Maryland taxpayers," said ASA Policy Director Mike Liszewski, who testified on the bill's limitations. "An internally financed, self-sustaining medical marijuana program would benefit patients and help the state."

The Maryland legislature also recently passed HB180, a bill that would extend an affirmative defense to medical marijuana caregivers, which is strongly supported by ASA and other advocates.

Further information:

Text of HB 1101 - <http://mgaleg.maryland.gov/2013RS/bills/hb/hb1101T.pdf>
DLS Fiscal and Policy Analysis of HB 1101 - http://mgaleg.maryland.gov/2013RS/fnotes/bil_0001/hb_1101.pdf
ASA HB1101 Fact Sheet - http://americansforsafeaccess.org/downloads/MD_HB1101_Fact_Sheet.pdf

Discovering the Benefits of Marijuana – by Joan Bello, for AAMC

It is hard to believe that I lived for 30 years without even knowing there was such a thing as being high. I had no idea what a *different way of perceiving* meant. Any altered state of my youth was numbing via alcohol which I never could yield to completely. But with marijuana, I was awake, saw more clearly, felt more deeply and understood more globally. From being straight-laced and ever so proper, I became tolerant, laid-back and no longer concerned with superficial material goals.

The childhood yearning to understand the *mysteries of life* lost along the way of normal competitive trivia returned. Kindness, justice and lofty ideals, compartmentalized under philosophy, burst forward. All the principles and promises of my Catholic schooling that had proven to be such dismal failures become real possibilities from the experience of The Marijuana Consciousness. The world was new again with hope and holiness. I was happily reintroduced to the real me, who had been hiding for years.

I had yet to study the science of the plant so I didn't know I was breathing deeper than usual. I didn't understand that there were connections in my brain that had been lost years before. All I knew was the freedom, relaxation and the feeling of well-being that gently overtook my whole being whenever I was under the influence of marijuana.

The first time I smoked marijuana, I knew it would cure my son. I could never even try to explain this revelation, but it was as clear as anything had ever been. Steven was five and suffered from Grande Mal seizures at least three or four times a week. He was very hyper active and was being shamefully drugged by the doctors with dangerous poisons who offered little hope for this *incurable disease*. I was a desperate mother with no answers. It was 1973. The stigma of marijuana was strong although the laws were not as gruesome as they became over the next decades.

I was a teacher in NYC and knew that giving my child marijuana would endanger my job. I was very afraid, but more determined. I rented a hotel in Manhattan and took my little boy for his first introduction to the plant. The bed was very high and he was very little. I picked him up onto the side of the bed and I sat in front of him in a chair. I still remember saying, "mommy has something for you." We shared our first joint. I gently blew the smoke in his face as he became noticeably calmer. Then we went out shopping. He didn't have any more

seizures for about ten days. It was the longest span between spells since they first began when Steven was two.

I continued the forbidden medicine and it continued to help. Of course, we told no one. It was our family secret. That's when and why I began my search in earnest to discover how marijuana worked. At the outset, I never imagined that it would take thirteen years.

With our new found cure and my newly acquired mindset, we left NYC for the hills of Pennsylvania. We grew our own marijuana, worked at odd jobs while I continued to hunt down the effects of this beautiful and maligned plant that had saved my son.

At the time, there was so little information about marijuana that it was obvious that it was either purposefully hidden or destroyed. My husband and I drove to every library within 500 miles with books that might reference marijuana. I read bibliographies to locate traces that mentioned Cannabis as medicine in scientific papers and ordered every available study. Sometimes it took months to obtain the inter-library loan. But nothing explained how marijuana worked. I did learn that it was an ancient herb, glorified in the earliest religions. I read the government backed studies, the foreign mentions and the newspapers filled with reefer madness. But there was no satisfactory simple, holistic description of how marijuana produced its *mind expanding* and *body relaxing* effects.

Meanwhile, the years went by. Steven was no longer hyperactive and thankfully his seizures were rare. We smoked together every day; he did well in school; had a greater capacity for all things philosophical than most adults; was strong and healthy and of course, was not taking any more of those dangerous poisons.

At 40 years old, I returned to school for a Master's Degree in Holistic Health and Eastern Studies. Swami Rama was a Tantric Master. He founded The Himalayan Institute for the purpose of bringing the ancient wisdom of the East to the West. His library was full of Indian texts, many of which referenced Cannabis Sativa, as an esteemed medicinal herbal tonic and Bhang, the Hindu name for the venerated plant. I became a very devoted volunteer librarian and spent hours upon hours doing my research, secretly of course, The main teaching at the Institute was Yoga Science. Essentially, Yoga is a systematic, step-wise, time worn, array of stringent physical, psychological and breathing practices

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<continued from previous page> geared to raise the vibration of the participant. Refinement of the entire personality is what is meant by *raising the vibration*. Mentally, it is (evidenced in) a loss of self-centeredness, negativity and worldly striving which is then replaced by cheerfulness, compassion and acceptance. When the Yogic methods are successful, the pattern of the breath is regular and unrestricted, creativity increases and the body relaxes. The mind is quiet. No fear.

The program at The Institute was very demanding. The course of study was brilliantly integrated, comprised of experiential practice, self observation, Eastern philosophy and holistic physiology. It was incredibly familiar although I don't know why. The tests were four or five hours long, tediously encompassing and very easy for me since I made sure to be especially high.

In the Spring of 1986, as graduation approached, I finally had the answer to how marijuana imparts its magic. At an opportune time during one of my classes, I nonchalantly asked a teaching physician how LSD affected the body and the mind. It seemed too dangerous to ask about marijuana since growers were being arrested every day. I thought that I would be able to make the necessary substitution to the effects of marijuana. "Oh that's simple he said, it floods both sides of the Autonomic Nervous System."

There it was! The goal of Yoga Science is to balance the Autonomic Nervous System. If one can do that, then there is no thinking, the body is relaxed, the brain is in sync with a unified vibration, the breathing is deep and uninhibited and timeless values emerge, along with superior health. The effects of marijuana fit perfectly with all I had learned about the opposing physical and psychological modes of a balanced ANS. The accumulated knowledge and pieces of information of 13 years of research that were floating in my brain were synchronized in that instant.

There is a place or space termed the *objective witness* in all teachings about the inner human world. It is not taught in school, not mentioned on the news and hardly admired by friends or family. It has nothing to do with success as defined in our society. The *objective witness* emerges when a certain plateau of being is attained that corresponds to an energetic fluidity which indicates an important milestone in Yoga Science, as well as in all genuine spiritual disciplines. It can be described as when the person steps outside herself and sees what is timeless rather than what is self-serving. It

happened to me and it happens to all of us who know what "high" really means. Steven is nearly 50 and has been cured of his incurable disease for over 40 years. I am over 70 and am in perfect health. Of course, we both have been blessed with the benefits of marijuana since 1973. **SOURCE = American Alliance for Medical Cannabis (AAMC).** May 2013 Newsletter * **Contact them at 44500 Tide Ave · Arch Cape, OR 97102 or by visiting - <http://www.letfreedomgrow.com>**

Hawaii: Lawmakers Approve Measures To Amend State's Medical Cannabis Program

Honolulu, HI: House and Senate lawmakers on Saturday approved two legislative measures to amend the state's medical marijuana [law](#). The changes are the first amendments to the program, which was initially approved by the legislature in 2000.



[House Bill 668](#) transfers the administration of the state's medicinal cannabis program from the Department of Public Safety to the Department of Public Health. It also establishes a special fund for the program within the state treasury.

[Senate Bill 642](#) increases the quantity of medical cannabis that may be possessed by qualified patients from three ounces to four ounces. The measure also allows patients to grow a total of seven mature plants for their own personal therapeutic use. (Under the present law, patients are allowed to cultivate no more than three mature plants at any one time.)

A separate provision added to SB 642 in conference committee limits the authority of who may authorize written certifications for medical cannabis to patients' "primary care physicians" only. If approved by Gov. Neil Abercrombie, both measures will take effect in January 2015. *For more information, please contact Allen St. Pierre, NORML Executive Director or Erik Altieri, NORML Communications Director, at (202) 483-5500.*

Poll: Nationwide Support For Medical Marijuana Legalization At All Time High

New York: NY: Nearly nine out of ten Americans -- including 80 percent of self-identified Republicans

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According to the poll, released last week, 85 percent of voters agree that adults ought to be allowed to use cannabis for therapeutic purposes if a physician authorizes it. The total marked an increase in support of four percent since Fox last polled the question in 2010 and is the highest level of public support for the issue ever reported in a scientific poll.

Despite the overwhelming public support for medical marijuana law reform, legislation in Congress to amend federal law to allow for its use in the [18 states](#) which permit it -- [House Bill 689, the States' Medical Marijuana Patient Protection Act](#) -- only has 16 co-sponsors out of a total of 435 House members. The bill has been referred to the House Energy and Commerce Committee, Subcommittee on Health and to the House Judiciary Committee, Subcommittee on Crime, Terrorism, Homeland Security, and Investigations -- neither of which have scheduled the bill for a public hearing.

For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500, or Paul Armentano, NORML Deputy Director, at: paul@norml.org.

Study: Inhaled Cannabis Reduces Crohn's Symptoms

Tel Aviv, Israel: Inhaling cannabis reduces symptoms of Crohn's disease compared to placebo in patients who have not been responsive to traditional therapies, according to clinical trial [data](#) published online in the journal *Clinical Gastroenterology and Hepatology*.

Researchers at the Meir Medical Center, Department of Gastroenterology and Hepatology in Israel assessed the safety and efficacy of inhaled cannabis versus placebo in 21 subjects with Crohn's disease who failed to respond to conventional treatments. Eleven participants smoked standardized cannabis

cigarettes containing 23 percent THC and 0.5 percent CBD ([cannabidiol](#)) twice daily over a period of eight weeks. The other ten subjects smoked placebo cigarettes containing no active cannabinoids.

Investigators reported, "Our data show that 8-weeks treatment with THC-rich cannabis, but not placebo, was associated with a significant decrease of 100 points in CDAI



(Crohn's Disease and activity index) scores." Five of the eleven patients in the study group also reported achieving disease remission (defined as a reduction in patient's CDAI score by more than 150 points).

Researchers reported that "no significant side effects" were associated with cannabis inhalation. The study is the first placebo-controlled clinical trial to assess the consumption of cannabis for the treatment of Crohn's.

Israeli researchers had previously published [observational trial data](#) reporting that Crohn's patients require fewer disease-related surgeries following their use of cannabis.

According to [survey data](#) published in 2011 in the *European Journal of Gastroenterology and Hepatology*, some one-half of Crohn's disease patients acknowledge having used cannabis to [mitigate](#) their disease symptoms. For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Cannabis Induces a Clinical Response in Patients with Crohn's Disease: a Prospective Placebo-Controlled Study," appears online in *Clinical Gastroenterology and Hepatology*.

Study: Regular Cannabis Use Associated With Reduced Risk Factors For Type 2 Diabetes



Boston, MA: Subjects who regularly consume cannabis [possess favorable indices](#) related to diabetic control as

compared to occasional consumers or non-users of the substance, according to trial [data](#) published in *The American Journal of Medicine*.

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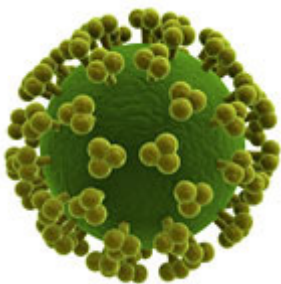
<continued from previous page> Researchers at Harvard Medical School and the Beth Israel Deaconess Medical Center in Boston assessed the relationship between marijuana use and fasting insulin, glucose, and insulin resistance in a sample of 4,657 male subjects.

Investigators [reported](#): "[S]ubjects who reported using marijuana in the past month had lower levels of fasting insulin and HOMA-IR [insulin resistance], as well as smaller waist circumference and higher levels of HDL-C [high-density lipoprotein or 'good' cholesterol]. These associations were attenuated among those who reported using marijuana at least once, but not in the past 30 days, suggesting that the impact of marijuana use on insulin and insulin resistance exists during periods of recent use."

Writing in an accompanying commentary, *American Journal of Medicine* Editor-in-Chief Joseph S. Alpert, MD stated: "These are indeed remarkable observations that are supported, as the authors note, by basic science experiments that came to similar conclusions. ... I would like to call on the NIH and the DEA to collaborate in developing policies to implement solid scientific investigations that would lead to information assisting physicians in the proper use and prescription of THC in its synthetic or herbal form."

Observational trial [data](#) published in 2012 in the *British Medical Journal* previously [reported](#) that adults with a history of marijuana use had a lower prevalence of type 2 diabetes and possess a lower risk of contracting the disease than did those with no history of cannabis consumption, even after researchers adjusted for social variables such as subjects' ethnicity and levels of physical activity.

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "The impact of marijuana use on glucose, insulin, and insulin resistance among US adults," appears in *The American Journal of Medicine*.



Study: Synthetic THC Mitigates HIV Infection

Philadelphia, PA: The administration of synthetic cannabinoid agonists [limits HIV infection](#) in macrophages (white blood

cells that aid in the body's immune response), according to preclinical [data](#) published

in the *Journal of Leukocyte Biology*. Macrophages are one of the first type of cells infected by the HIV virus when it enters the body.

Investigators at Temple University School of Medicine in Philadelphia assessed the impact of three commercially available synthetic THC agonists on HIV-infected macrophage cells. Following administration, researchers sampled the cells periodically to measure the activity of an enzyme called reverse transcriptase (RT), which is essential for HIV replication. By day 7, investigators reported that the administration of all three compounds was associated with a significant decrease in HIV replication.

Stated a Temple University [news release](#): "The results suggest that selective CB2 (cannabinoid 2 receptor) agonists could potentially be used in tandem with existing antiretroviral drugs, opening the door to the generation of new drug therapies for HIV/AIDS. The data also support the idea that the human immune system could be leveraged to fight HIV infection."

Patients living with HIV/AIDS frequently [report](#) using cannabis to [counter symptoms](#) of anxiety, appetite loss, chronic pain, and nausea, and one study has reported that patients who consume cannabis therapeutically are 3.3 times [more likely to adhere](#) to their antiretroviral therapy regimens than non-cannabis users. In preclinical models, the long-term administration of delta-9-THC has recently been associated with decreased mortality and ameliorated disease progression in monkeys. In clinical models, cannabis inhalation is associated with [decreased neuropathy](#) and [increased levels](#) of appetite hormones in the blood of subjects with HIV infection. For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Attenuation of HIV-1 replication in macrophages by cannabinoid receptor 2 agonists," appears online in the *Journal of Leukocyte Biology*.

Study: Cannabinoids Offer Likely Therapeutic Option For Patients With Post-Traumatic Stress

New York, NY: Future research targeting cannabinoids and their receptors may lead to evidence-based treatments for patients diagnosed with post-traumatic stress disorder (PTSD), according to clinical trial [data](#) published in May in the journal *Molecular Psychiatry*.

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<continued from previous page> Investigators at the New York University School of Medicine [reported](#) that subjects diagnosed with PTSD typically possess elevated quantities of endogenous cannabinoid receptors in regions of the brain associated with fear and anxiety. Investigators also determined that many of these subjects experience a decrease in their natural production of anandamide, an endogenous cannabinoid neurotransmitter, resulting in an imbalanced [endocannabinoid regulatory system](#).

Researchers [speculated](#) that an increase in the body's production of cannabinoids would likely restore subjects' natural brain chemistry and psychological balance. They affirmed, "[Our] findings substantiate, at least in part, emerging evidence that ... plant-derived cannabinoids such as marijuana may possess some benefits in individuals with PTSD by helping relieve haunting nightmares and other symptoms of PTSD."



Authors concluded: "The data reported herein are the first of which we are aware of to demonstrate the critical role of CB1 (cannabinoid) receptors and endocannabinoids in the etiology of PTSD in humans. As such, they provide a foundation upon which to develop and validate informative biomarkers of PTSD vulnerability, as well as to guide the rational development of the next generation of evidence-based treatments for PTSD."

Anecdotal evidence and case study reports have increasingly [indicated](#) that cannabis may mitigate traumatic memories and anxiety. However, clinical trial data remains unavailable, in large part because federal officials have [blocked](#) investigators' efforts to study cannabis in PTSD subjects. In 2011 federal administrators halted efforts by investigators at the University of Arizona to complete an FDA-approved, placebo-controlled [clinical trial](#) to evaluate the use of cannabis in 50 veterans with treatment-resistant PTSD. *For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500 or Paul Armentano, NORML Deputy Director at: paul@norml.org. Full text of the study, "Elevated brain cannabinoid CB1 receptor availability in post-traumatic stress disorder: a positron emission tomography study," appears in *Molecular Psychiatry**

Three Medical Cannabis Bills in California Legislature

A bill to create statewide regulations for medical cannabis distribution was approved by the California Assembly's public safety committee last month.

AB 473, introduced by Assembly Member Tom Ammiano (D-San Francisco), would create a Division of Medical Marijuana Regulation and Enforcement that would establish statewide standards and fees for licensing medical cannabis businesses, as well as penalties for violating the standards. The new division would be part of the Department of Alcoholic Beverage Control (ABC).

Licensed businesses and individuals would be issued identification cards to shield them from arrest and prosecution. The rights of individual patients and their primary caregivers would be unaffected by the new law, if passed. The California Senate is meanwhile considering two bills that would affect patients—one aimed at drugged drivers and one that would better define medical cannabis distribution.

The first, SB 289, would make it a crime to drive with any detectable amount of a drug in your system if you do not have a prescription. Since federal prohibition means medical cannabis cannot be prescribed, only recommended, and cannabis is detectable for days after use, medical cannabis patients would be vulnerable to prosecution, even when they are not under the influence.

The second, SB 439, would clarify how cooperatives and collectives may legally operate in California under Proposition 215 and the 2008 Attorney General guidelines. This bill would help resolve the conflicting interpretations of current law and create the basis for more uniform access in the state.

Two Medical Cannabis Measures before LA Voters

Proposition D is a medical cannabis measure placed on the May 21 ballot by the City of Los Angeles. Proposition D would limit the number of dispensaries that can operate in LA to the 135 that originally registered with the city and would prevent new ones from opening. Prop. D also raises the tax on medical cannabis to 6%, a 1% increase over the current rate. It was endorsed by the Los Angeles County Democratic Club at the urging of ASA, the Greater Los Angeles Collective Alliance and UFCW Local 770. The other measure, Initiative F, allows all dispensaries currently operating to remain open and places no limits on the number of new ones.

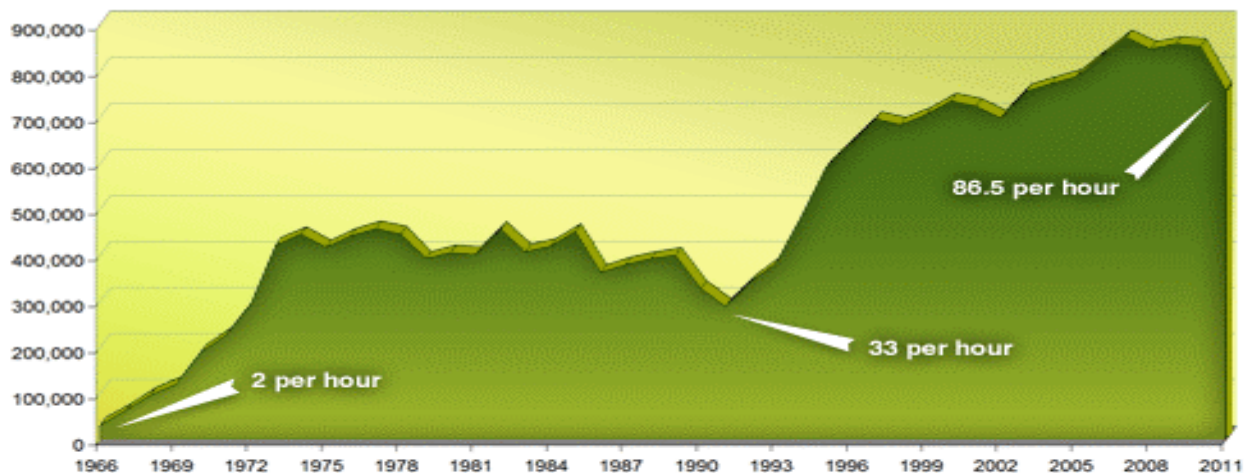
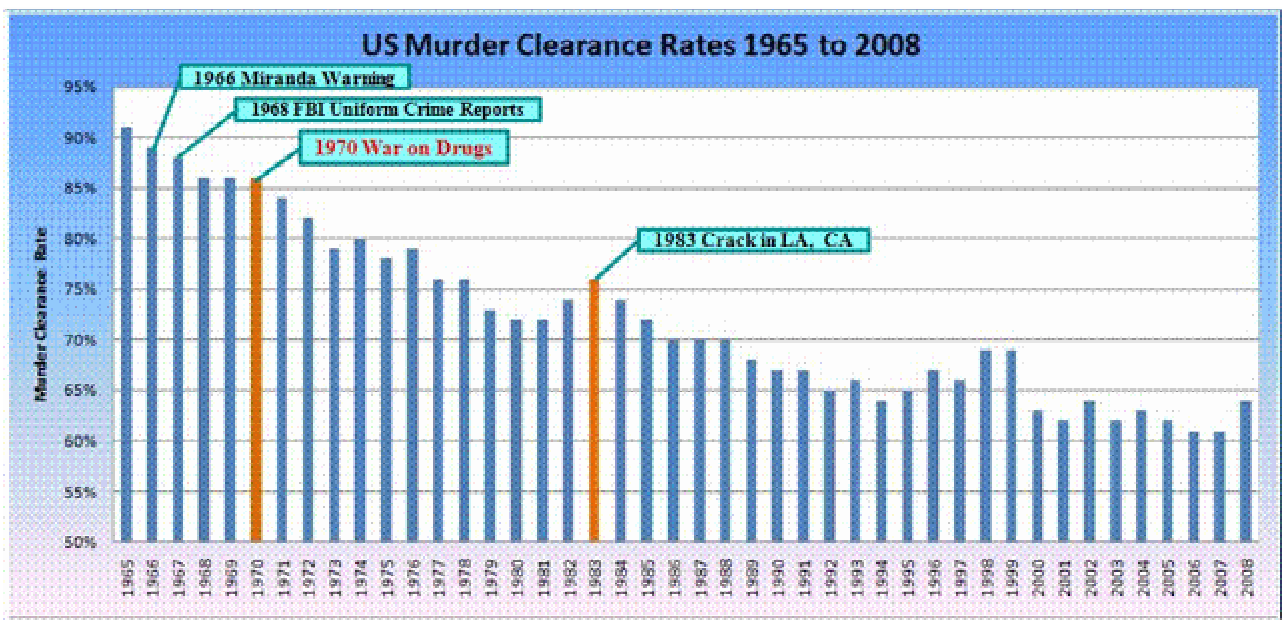
Both limit hours of operation and say dispensaries must be at least 1,000 feet from schools. Prop. D says they must also be at least 600 feet from libraries, childcare centers, parks, places of worship and other dispensaries; Initiative F puts the limit at 500 feet. **SOURCE = Americans for Safe Access (ASA) - Monthly Activist Newsletter** - May 2013; Volume 8, Issue 5* * 1322 Webster Street, Ste. 402 * Oakland, CA 94612 * info@AmericansForSafeAccess.org* 510-251-1856 * AmericansForSafeAccess.org



911 Dispatcher Tells Woman About To Be Sexually Assaulted There Are No Cops To Help Her Due To Budget Cuts - She Should Have Told Them It Was a Sick / Dying Pot-Head Instead

JOSEPHINE COUNTY, Ore. (CBS Seattle) - An Oregon woman was told by a 911 dispatcher that authorities wouldn't be able to help her as her ex-boyfriend broke into her place because of budget cuts. Oregon Public Radio reports that an unidentified woman called 911 during a weekend in August 2012 while Michael Bellah was breaking into her place. Her call was forwarded to Oregon State Police because of lay-offs at the Josephine County Sheriff's Office only allows the department to be open Monday through Friday.

"Uh, I don't have anybody to send out there," the 911 dispatcher told the woman. "You know, obviously, if he comes inside the residence and assaults you, can you ask him to go away? Do you know if he's intoxicated or anything?" Visit - <http://seattle.cbslocal.com/2013/05/23/911-dispatcher-tells-woman-about-to-be-sexually-assaulted-there-are-no-cops-to-help-her-due-to-budget-cuts/> - **More info, links, comment board, here >** http://mercycenters.org/news/2013/Drug_War_OR.html



Annual Marijuana Arrests in the US 1965-2011



The National Organization for the Reform of Marijuana Laws
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