

June 2013

What's the Cost?

The Federal War on Patients



A Report on the Casualties of
the War on Medical Cannabis

Peace for
PATIENTS 

- a project of Americans for Safe Access 

What's the Cost?

A REPORT ON THE FEDERAL WAR ON MEDICAL CANNABIS PATIENTS

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I. Executive Summary

For 11 years, Americans for Safe Access (ASA) has been tracking the adoption and implementation of state medical cannabis (marijuana) laws in the United States and compiling raw data on actions taken by the Department of Justice (DOJ) to thwart these state laws. Over the years, the DOJ has employed paramilitary-style raids on individual patients and state-authorized dispensing centers, civil asset forfeiture actions against property owners, and bullying tactics to dissuade elected officials from adopting or implementing medical cannabis laws. This report summarizes the human and monetary costs of enforcing the unpopular and outdated federal policies which sustain this heartless war on medical cannabis.

The data in this report was collected from individuals contacting ASA, Drug Enforcement Administration (DEA) press releases, news reports, and court records. The federal government does not directly account for the resources it uses to subvert state medical cannabis laws, but we do know many of the actions taken and individuals targeted. We also know the average cost of investigations, prosecutions, incarcerations and other tactics the government employs. Taken together, we can estimate the soaring cost of this failed, misguided policy.

But as shockingly expensive as this interference with state programs has become—an average of \$180,000 a day under the Obama Administration—the cost is almost certainly larger than our estimates. For all the individuals and cases we can account for, there are more that have not been reported or yet revealed. Just during the drafting of this report, the cost estimates had to be updated to reflect two more raids, a series of asset forfeiture threats to landlords in Seattle, and four individuals surrendering to serve combined sentences of more than 20 years in federal prison.

Someday soon, federal law will change to reflect public opinion and scientific consensus. How much the government intends to spend delaying the inevitable is the only question. The authors of this report invite the Department of Justice to answer it by disclosing the resources they de-

vote to targeting medical cannabis patients and those who assist them with their medicine.

The report highlights the following, in hope that it can serve as a guide for federal policymakers who seek to address this costly issue:

- 34% of Americans—more than 107 million people—live in states with medical cannabis laws. That could increase to at least 39% this year.
- Over one million Americans are legally using medical cannabis under their state program.
- Nationwide support of state laws has remained between 70-80% for nearly two decades.
- In the last 17 years, the DEA has conducted over 528 raids; 270 of these have happened under the Obama Administration.
- This war is being waged on sick and injured citizens, not drug dealers and profiteers. This report profiles some of the individuals and organizations that are being caught in the crossfire of this war.
- The cost to date of the federal government's war on medical cannabis is nearly half a billion dollars.
- The Obama Administration has spent nearly \$300 million on enforcement efforts in medical marijuana states
- The Obama Administration has outspent the Bush Administration by \$100 million in just four-and-a-half years.
- In 2011 and 2012, under the Obama Administration, DEA spent 4% of their budget on medical cannabis cases.
- Without Congressional intervention, the amount of funds spent to undermine state laws will only increase.

II. Introduction

The battle for safe access to medical cannabis spans over 40 years in the United States and includes each branch of the federal government and almost every state legislature in the country. Yet, medical cannabis is one of those issues that seem far from the lives of most Americans—that is, until they or a loved-one needs it. (It was that way for me; I didn't pay attention to the issue until 2001, the year my doctor recommended I use cannabis.) But our government is waging a war on drugs that has patients in the crossfire, and every American is responsible for the wars this nation carries out. We elect our federal representatives who authorize our wars and pay taxes that fund them.



This report will focus on the most intense part of this federally waged battle, which began in 1996 when medical cannabis advocates focused attention on getting states to establish safe and legal access programs. If you live in the US, chances are you have heard something of the conflict between federal cannabis laws and the many states that authorize medical use. Those states have taken advantage of our federalist form of government to adopt a set of laws that depart from our outdated federal policy. Unfortunately, the federal government continues to deny the medical value of cannabis, and it abuses its prosecutorial discretion by targeting patients and their providers, even in states that have duly adopted laws to regulate medical cannabis use and access. Sick and injured Americans are caught in the middle.

Every war has casualties and a price tag. The war on medical cannabis is no different. The battle for safe access to medical cannabis is not just a battle of politics and laws; it is a war that is being waged in our neighborhoods, affecting millions of lives every year, and costing the US taxpayers hundreds of millions of dollars. Yet, patients will not be deterred. As long as research supports the therapeutic value of cannabis and physicians recommend it to treat symptoms of serious and chronic illness, patients will seek safe and consistent access to quality cannabis.

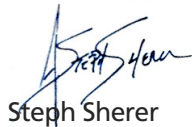
The costs and other consequences of federal activity on medical cannabis in the 17 years since

states began to take action have been significant. This report places a price tag on the actions of the federal government and includes the stories of some of the victims of this relentless war. (Special thanks to Dale Gieringer and Kari Boiter for filling in some additional information.)

Each of the individuals profiled in this report diligently followed state law and/or the advice of a physician. It is our hope that putting a human face on this issue can stop these senseless attacks and inspire sensible policy reform that will harmonize state and federal law.

In addition to exposing the cost of the federal government's enforcement actions, I want to acknowledge the scores of Americans who have stood up in the face of this heartless, misguided policy to demand compassion, scientific integrity, and respect for the will of the people. They have inspired a nation to change.

My heart goes out to all the individuals in this report, their families, and all those who have suffered in silence. Together, as a nation, we must change federal law so that our sick and dying can battle their medical conditions instead of their government.



Steph Sherer
Executive Director, Americans for Safe Access

The evidence is overwhelming that marijuana can relieve certain types of pain, nausea, vomiting and other symptoms caused by illnesses like multiple sclerosis, cancer and AIDS — or by the harsh drugs sometimes used to treat them. And it can do so with remarkable safety. Indeed, marijuana is less toxic than many of the drugs that physicians prescribe every day.

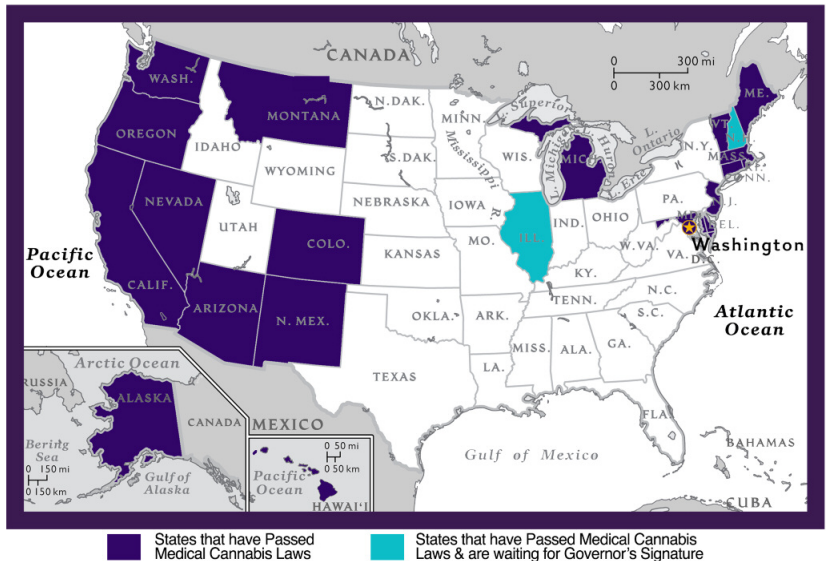
— Former U.S. Surgeon General Joycelyn Elders, M.D.

III. Overview of Medical Cannabis in the US

Cannabis was part of the American pharmacopoeia until 1942 and is currently available in its whole plant form by prescription in the Netherlands, Canada, the Czech Republic, and Israel. In 1937, the U.S. passed the first federal law against cannabis, despite the objections from the American Medical Association (AMA). Dr. William C. Woodward, testifying on behalf of the AMA, told Congress that, "The American Medical Association knows of no evidence that marijuana is a dangerous drug" and warned that a prohibition "loses sight of the fact that future investigation may show that there are substantial medical uses for Cannabis."¹ Modern research has shown exactly that, to a degree that would have astonished Dr. Woodward.

The US government continues to deny those medical uses, but, ironically, since 1976 has been distributing free cannabis as part of the Compassionate Investigational New Drug (IND) program to a small number of

Medical Cannabis States



1. Statement of Dr. William C. Woodward, legislative counsel, American Medical Association, on "Taxation of Marihuana." Hearing before the House Committee on Ways and Means, 75th Cong. (1937).

patients for whom no other medication is effective. Today, four surviving patients receive up to nine pounds of medical cannabis each year from the National Institute on Drug Abuse, paid for by federal tax dollars.

Despite the success of the IND program and centuries of documented safe use, cannabis is still classified as a Schedule I substance "indicating a high potential for abuse and no accepted medical value." It is a classification that defines cannabis as more dangerous than methamphetamine and cocaine, which are both Schedule II substances. Healthcare advocates have tried to resolve this contradiction through legal and administrative channels to no avail.

In 1988, the Drug Enforcement Administration's (DEA) Chief Administrative Law Judge, Francis L. Young, ruled after extensive hearings that, "Marijuana, in its natural form, is one of the safest therapeutically active substances known to man... It would be unreasonable, arbitrary and capricious for the DEA to continue to stand between those sufferers and the benefits of this substance..."² Unfortunately, the DEA refused to implement this ruling, thereby perpetuating a war on cannabis that has lasted decades.

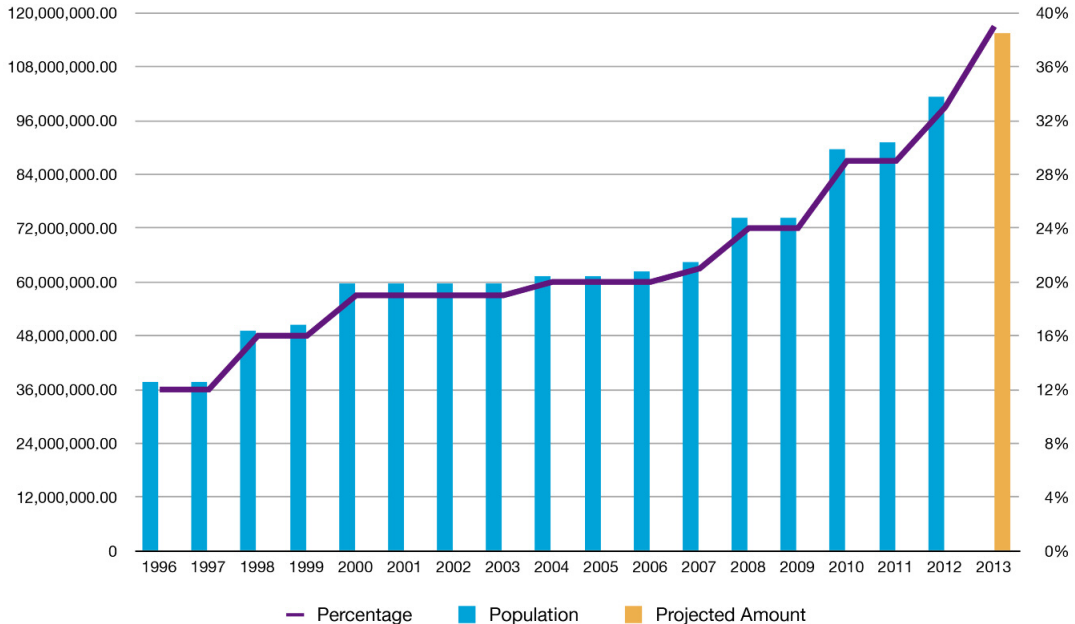
In the wake of Judge Young's administrative decision, the Food and Drug Administration (FDA) received dozens of IND applications from people with HIV/AIDS whose doctors recommended they use cannabis to combat the wasting syndrome that was claiming so many lives. In June 1991, the Public Health Service, fearful of a flood of new applications, announced that the program would be suspended because it undermined federal prohibition.³

In 1996, physicians, patients, and their advocates turned to the states to establish sensible public health policies, passing voter initiatives in California and Arizona that allowed for legal use of cannabis when indicated by a doctor. The following year, the Office of National Drug Control Policy commissioned the Institute of Medicine (IOM) to conduct a comprehensive review of the

2. Marijuana Rescheduling Petition, opinion and recommended ruling, findings of fact, conclusions of law and decision of administrative law judge., 1988, DEA Docket No. 86-22.

3. Isikoff M, "HHS to Phase Out Marijuana Program," Washington Post, June 22, 1991

Population of Americans Living in a Medical Marijuana State



medical efficacy of cannabis therapeutics. The IOM concluded that cannabis is a safe and effective medicine, patients should have access, and the government should expand avenues for research and drug development.⁴ The federal government has completely ignored the findings and has refused to act on any of the recommendations.

Over the next 17 years, voters passed medical cannabis initiatives in Alaska, Colorado, Maine, Massachusetts, Michigan, Montana, Nevada, Oregon, Washington, and Washington D.C. The legisla-

4. Joy JE, et al. 1999. Marijuana and Medicine: Assessing the Science Base. National Academy of Sciences.

tures of Connecticut, Delaware, Hawaii, Maryland, New Jersey, New Mexico, Rhode Island, and Vermont have also acted on behalf of their citizens to shield medical users and their caregivers from arrest and prosecution. Each of these political efforts has been supported by numerous state and national medical, legal, and health organizations. Eleven more states are considering medical cannabis legislation in 2013, and at the time of publication, the legislatures in Illinois and New Hampshire have each sent medical cannabis bills to their governor's desk.

In 2011 the National Cancer Institute (NCI), a part of the National Institutes of Health (NIH), listed cannabis as a Complementary Alternative Medicine (CAM) on its website, cancer.gov, stating that "[t]he potential benefits of medicinal Cannabis for people living with cancer include antiemetic effects, appetite stimulation, pain relief, and improved sleep. In the practice of integrative oncology, the health care provider may recommend medicinal Cannabis not only for symptom management but also for its possible direct antitumor effect. Cannabis has been used for medicinal purposes for thousands of years prior to its current status as an illegal substance." After significant media attention, the statement was removed from the NCI website.

In 2012, the results of 11 FDA-approved medical cannabis studies funded in 1999 by the California Legislature were published in *The Open Neurology Journal*. The director

Professional Organization Endorsements for Medical Cannabis

State and Local Organizations

- Alaska Nurses Association
- Being Alive: People With HIV/AIDS Action Committee (San Diego, CA)
- California Academy of Family Physicians
- California Nurses Association
- California Pharmacists Association
- Colorado Nurses Association
- Connecticut Nurses Association
- Florida Governor's Red Ribbon Panel on AIDS
- Florida Medical Association
- Hawaii Nurses Association
- Illinois Nurses Association
- Life Extension Foundation
- Medical Society of the State of New York
- Mississippi Nurses Association
- New Jersey State Nurses Association
- New Mexico Medical Society
- New Mexico Nurses Association
- New York County Medical Society
- New York State Nurses Association
- North Carolina Nurses Association
- Rhode Island Medical Society
- Rhode Island State Nurses Association
- San Francisco Mayor's Summit on AIDS and HIV
- San Francisco Medical Society
- Vermont Medical Marijuana Study Committee
- Virginia Nurses Association
- Whitman-Walker Clinic (Washington, DC)
- Wisconsin Nurses Association

International and National Organizations

- AIDS Action Council
- AIDS Treatment News
- American Academy of Family Physicians
- American Medical Student Association
- American Preventive Medical Association
- American Public Health Association
- American Society of Addiction Medicine
- Arthritis Research Campaign (United Kingdom)
- Australian Medical Association (NSW) Limited
- Australian National Task Force on Cannabis
- Belgian Ministry of Health
- British House of Lords Select Committee on Science & Technology
- British Medical Association
- Canadian AIDS Society
- Canadian Special Senate Committee on Illegal Drugs
- French Ministry of Health
- Health Canada
- Kaiser Permanente
- The Montel Williams MS Foundation
- Multiple Sclerosis Society (Canada)
- The Multiple Sclerosis Society (United Kingdom)
- National Academy of Sciences Institute Of Medicine
- National Association for Public Health Policy
- National Nurses Society on Addictions
- Netherlands Ministry of Health

Health Organizations Supporting Cannabis Research

- American Cancer Society
- American Medical Association
- British Medical Journal
- California Medical Association
- California Society on Addiction Medicine
- Congress of Nursing Practice
- Gay and Lesbian Medical Association
- Jamaican National Commission on Ganja
- National Institutes of Health (NIH) Workshop on the Medical Utility of Marijuana
- Texas Medical Association
- Vermont Medical Society
- Wisconsin State Medical Society

of the Center for Medicinal Cannabis Research, Dr. Igor Grant, who is also Executive Vice-Chair, Department of Psychiatry, University of California, San Diego School of Medicine, and his colleagues summarized the conclusions to be drawn from the studies:

The classification of marijuana as a Schedule I drug as well as the continuing controversy as to whether or not cannabis is of medical value are obstacles to medical progress in this area. Based on evidence currently available the Schedule I classification is not tenable; it is not accurate that cannabis has no medical value, or that information on safety is lacking. It is true cannabis has some abuse potential, but its profile more closely resembles drugs in Schedule III (where codeine and dronabinol are listed). The continuing conflict between scientific evidence and political ideology will hopefully be reconciled in a judicious manner.⁵

Today, there are more than 107 million Americans living in states with medical cannabis laws. That is 34% of the US population, but by the end of this year that percentage could jump to 39% if the governors of Illinois and New Hampshire sign the laws passed by their legislatures. Approximately one million Americans are now using medical cannabis on the advice of doctors.

5. Grant I, et al. 2012. Medical Marijuana: Clearing Away the Smoke. Open Neurology Journal. May 4, 6:18-25.

Medical States: 2

Voters Pass medical cannabis bill in CA & AZ. DOJ threatens license of any doctor recommending cannabis to patients.

Medical States: 5
of Patients: 10,000

Voters pass medical cannabis laws in Alaska, Oregon & Washington. DOJ moves to close six medical cannabis dispensaries in California. Congress blocks District of Columbia from tallying votes for medical cannabis.

Medical States: 9
of Patients: 34,052

Hawaii becomes seventh medical cannabis state and the first through an act of legislature. Colorado and Nevada voters pass medical cannabis bills.

Medical States: 9
of Patients: 84,842
of Raids: 17

US Supreme Court lets stand ruling in *Conant v. Walters* that the government cannot punish a physician solely for recommending medical cannabis to patients because it is protected by the First Amendment.

Medical States: 9
of Patients: 84,842
of Raids: 17

Montana & Vermont pass medical cannabis laws. Calif. legislature passes first law authorizing distribution of cannabis. AARP poll finds seniors support cannabis.

1996

1997

1998 1999

2000

2001

2002

2003

2004

2005

Medical States: 2
of Patients: 5,000
of Raids: 4

New England Journal of Medicine publishes editorial titled "Federal Foolishness and Marijuana," saying federal authorities should rescind their prohibition of the medicinal use of cannabis and change its classification to that of a Schedule II drug.

Medical States: 6
of Patients: 22,528
of Raids: 3

Maine becomes sixth medical cannabis state. The Institute of Medicine issues *Marijuana & Medicine: Assessing the Science Base* calling on federal government to do formal studies on cannabis, says cannabis best for treating some conditions.

Medical States: 9
of Patients: 34,052
of Raids: 7

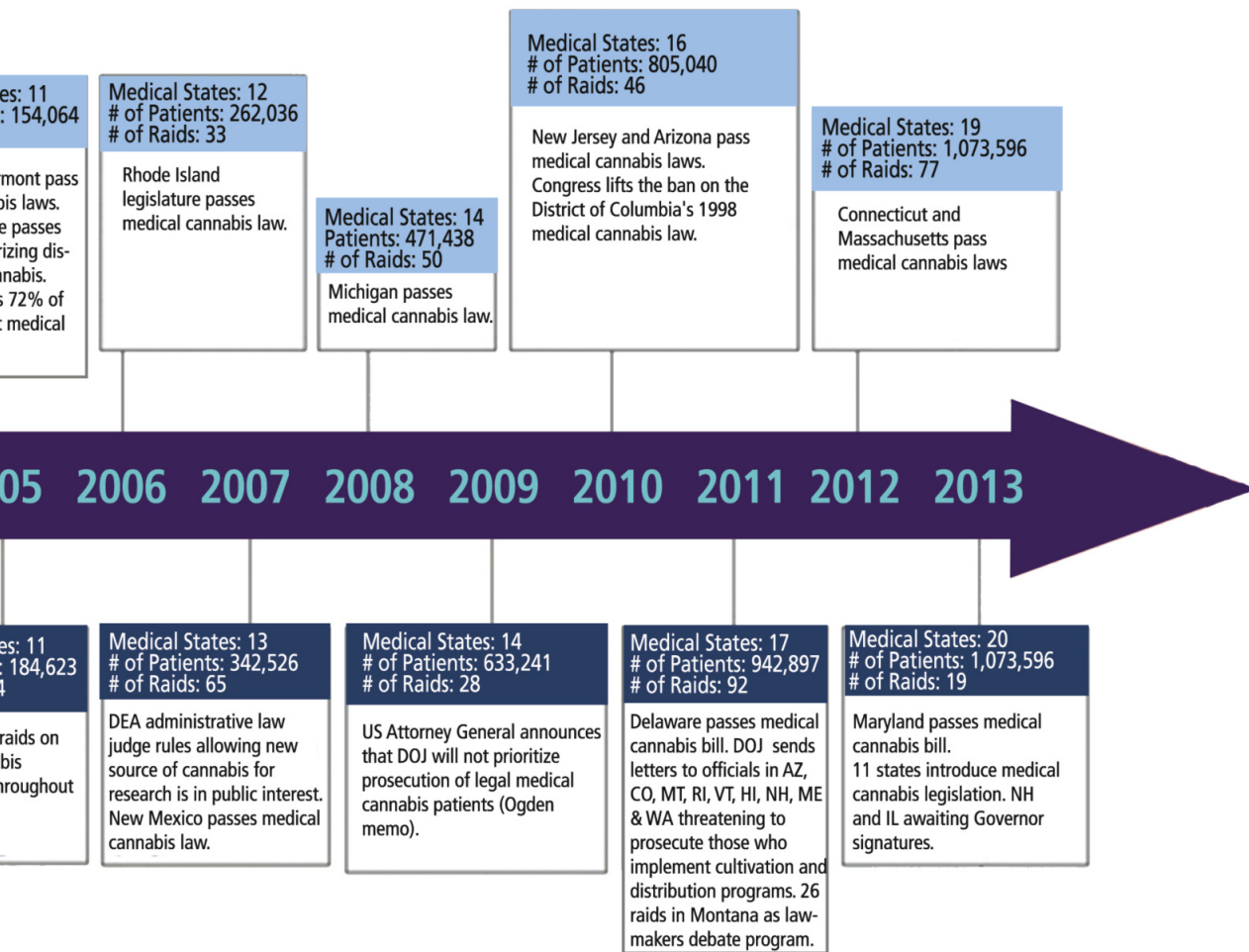
DOJ and DEA carry out paramilitary-style raid on a West Hollywood dispensary, seizes city-owned building.

Medical States: 9
of Patients: 119,068
of Raids: 5

The US Department of Health and Human Services receives a patent (US 6,630,507 B1) for the therapeutic use of cannabinoids as antioxidants and neuroprotectants. Still says no medical use.

Medical States: 9
of Patients: 119,068
of Raids: 5

DEA executes medical cannabis dispensaries throughout California.



IV. Blow by Blow: The Battle for Safe Access

From the start, as states passed laws to deal with this health crisis, the federal government met them with tactics of interference and intimidation. In 1996, following the passage of the California and Arizona initiatives, US Attorney General Janet Reno announced that the Department of Justice would end the career of any doctors who recommended medical cannabis by revoking their license to prescribe medication and banning them from participating in the Medicare and Medicaid programs. In response, a group of physicians led by AIDS specialist Dr. Marcus Conant

The people of California have made it legal for patients to have safe access to medicinal marijuana and as a result thousands of small business owners have invested millions of dollars in building their companies, creating jobs, and paying their taxes...We should be protecting and implementing the will of voters, not undermining our democracy by prosecuting small business owners who pay taxes and comply with the laws of their states in providing medicine to patients in need.

— Rep, Barbara Lee

challenged the policy in federal court as a Constitutional violation of their First Amendment right to freedom of speech. In *Conant v. McCaffrey*, the U.S. District Court in San Francisco enjoined the federal government from penalizing physicians for recommending the medical use of cannabis. The ruling states that physicians have a Constitutional right to make recommendations, but may not aid or abet patients in obtaining cannabis.⁶ The government appealed, but the ruling protecting physicians was affirmed by the Ninth Circuit Court of Appeals in Oc-

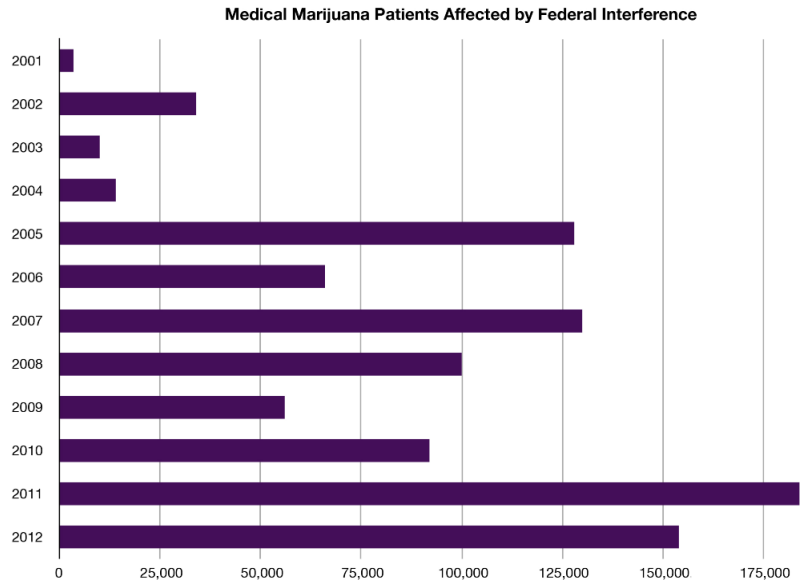
tober 2002. The government appealed again to the US Supreme Court, but was denied review in October 2003, leaving the First Amendment protections in place.

As the legal battle over the right of physicians to discuss treatment options with their patients was unfolding, the federal government in 1997 began a campaign to stop California from implementing its state law. That campaign included civil legal actions, armed raids on medical cannabis

6. Dr. Marcus Conant, et al. v. Barry R. McCaffrey, et al., 2000 WL 1281174 (N.D. Cal. September 7, 2000).

facilities, and prosecutions of medical cannabis patients and their providers. The criminal cases brought by the government were consistently lopsided, as federal trial rules prevent defendants from telling a jury that the cannabis was for medical treatment in accordance with state law. Patients are essentially left with no defense, effectively ensuring convictions and giving federal prosecutors extraordinary leverage for obtaining plea deals. The civil legal actions and DEA raids resulted in two US Supreme Court cases, *United States v. Oakland Cannabis Buyers Cooperative* (2001) and *Gonzales v. Raich* (2005). In each, the Court concluded that the federal prohibition on cannabis and state medical cannabis laws can co-exist, even though they are at odds with each other. That meant the federal government could, at its discretion, continue the campaign against medical cannabis patients and state programs.

In the *Raich* decision, the Court noted that the two patients who brought the case presented “strong arguments that they will suffer irreparable harm because, despite a congressional finding to the contrary, marijuana does have valid therapeutic purposes.” But the question the Court faced was “not whether it is wise to enforce the statute in these circumstances” but if federal law on marijuana applied to state qualified patients. The majority decided it did, despite “the trou-



bling facts of this case.” Three Justices (O’Connor, Rehnquist, and Thomas) argued in dissenting opinions that federal prohibition should not apply to patients, and even the majority concluded by noting that the law can be changed through other legal avenues or, more importantly, “the democratic process, in which the voices of voters allied with [patients] may one day be heard in the halls of Congress.”⁷

California has a medicinal marijuana law.... Many states have legalized medicinal marijuana. I believe the president and the Department of Justice ought to respect the will of these separate states... We are capable of self-government. We don't need some federal gendarme to come and tell us what to do.... And that means change the policy now.

— California Governor Jerry Brown,

Following the U.S. Supreme Court decision in *Raich* on June 6, 2005, the federal government intensified its war against patients with more paramilitary-style raids across the country and prosecutions of patients and providers.

During the George W. Bush’s Administration, the Department of Justice conducted more than 260 raids and prosecuted 84 individuals. These raids often included dozens of DEA agents in riot gear using “dynamic entry” tactics, such as kicking in the door without warning or using a battering ram to terrorize patients and the dispensary staff. The agents would then make the staff and patients lie on the ground while they took all the medicine, computers, and cash—often without making an arrest. These came to be known as “smash and grab” raids, in part because anything seized is kept by local DEA offices for their own use. The amount spent on federal interference under the Bush Administration is estimated to be in excess of \$189 million.

During his first presidential campaign, then-Senator Barack Obama pledged to end this federal interference with state medical cannabis laws. In an interview in March 2008, he stated, “I think the basic concept of using medical marijuana for the same purposes and with the same controls as other drugs prescribed by doctors, I think that’s entirely appropriate. I’m not going to be using Jus-

7. *Gonzales v. Raich* (03-1454) 545 U.S. 1 (2005) 352 F.3d 1222

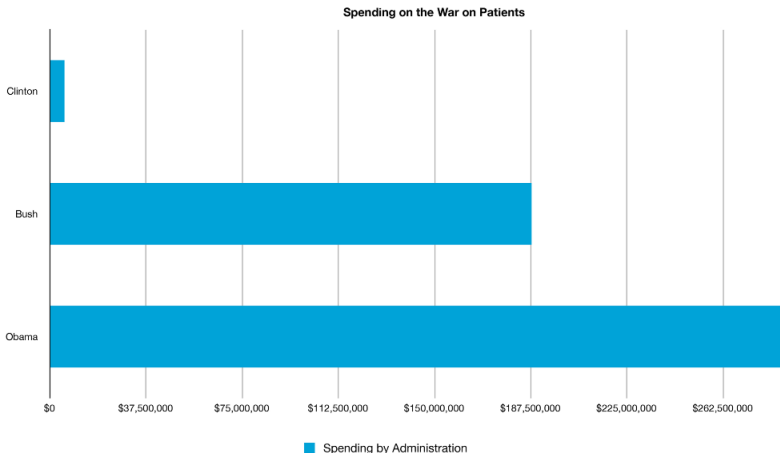
8. Barack Obama interview with Editorial Page Editor Gary Nelson, *The Mail Tribune*, March 23, 2008.

tice Department resources to try to circumvent state laws on this issue.”⁸

In late 2009, President Obama seemed intent on keeping that promise. On October 19, the US Department of Justice issued a memo by Deputy US Attorney General David Ogden to provide guidance to US Attorneys for determining when to prosecute medical cannabis cases. The memo clearly stated that it was not the Administration’s policy

to prosecute anyone “in clear and unambiguous compliance with existing state laws providing for the medical use of marijuana.” Despite this, many of the US attorneys in medical cannabis states ignored the memo and continued to authorize federal raids and prosecute medical cannabis patients and providers.

In the spring of 2011, US Attorneys adopted a new tactic of threatening elected officials. Between February and May, federal prosecutors sent letters to elected state officials in Arizona, California, Colorado, Hawaii, Maine, Montana, New Hampshire, Rhode Island, Vermont, and Washington—either implicitly or explicitly threatening criminal prosecution of elected officials and state employees if they implemented laws regulating the distribution of medical cannabis. Some letters also threatened to seize the buildings housing state administrative offices that process license applications for medical cannabis providers. The courts may have concluded that there is no direct conflict between federal and state laws, but the Justice Department seems intent on creating one. In the 17 years since states began adopting medical cannabis laws, never



before has an elected official been threatened with prosecution for implementing state law.

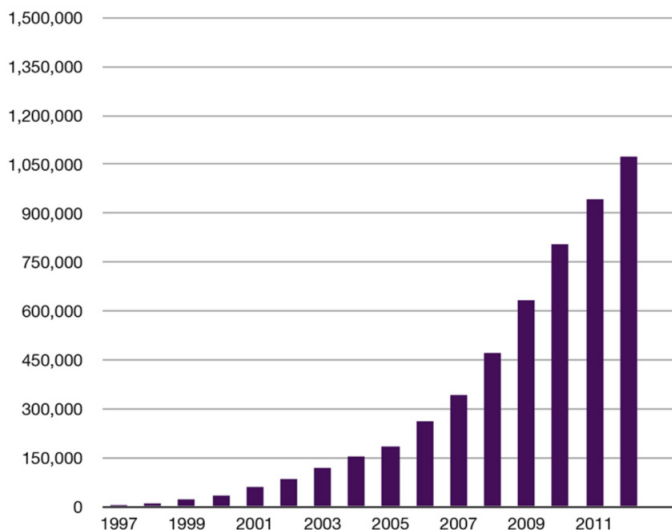
Those letters were not the only attempts to pressure elected officials. Raids on 26 cannabis businesses in Montana in March 2011 were staged while state lawmakers were considering changing the law. The raids resulted in 31 plea deals and two trials.

In July of 2011, the DOJ issued a new policy, drafted by Deputy Attorney General James Cole, claiming to “clarify” the policy set forth in the Ogden memo. In reality, the Cole memo rescinded the guidelines set forth in the Ogden memo.

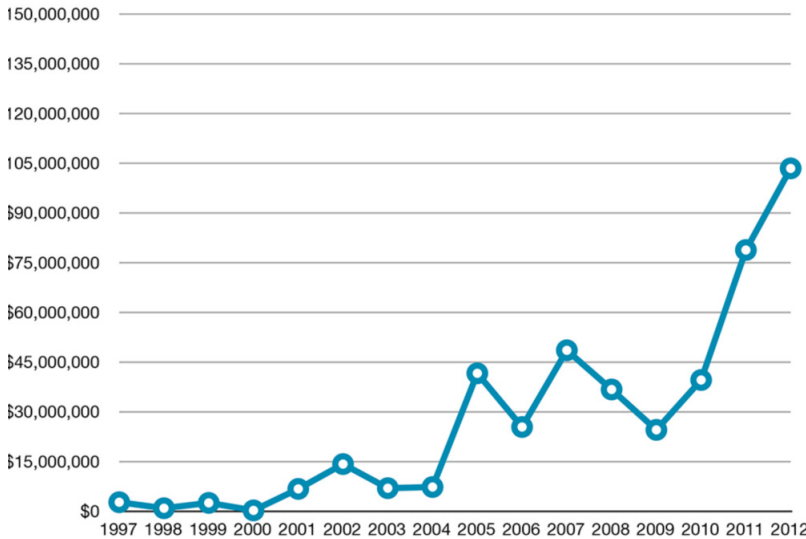
In September of that year, US Attorneys began sending letters to landlords who rent to medical cannabis facilities, threatening to seize their property. Over the next two years, US attorneys would send more than 500 of these letters and begin asset forfeiture proceedings on approximately 30 properties.

In an escalating war on medical cannabis patients that has spanned the terms of three Presidents, the DOJ has spent an estimated \$483 million to date. This price tag includes the costs associated with arrests, investigations, and enforcement raids, in addition to prosecutions, pretrial services, incarceration, and probation. The Obama Administration, in just four and a half years, has spent more than \$289 million, outspending the Bush Administration by \$100 million. In 2012 alone, the DEA used 4% of its budget on medical cannabis cases.

The Number of Legal Medical Cannabis Patients



Amount of Funding for Federal Interference



The costs of this war are not just borne by taxpayers. For every raid that the DEA carries out, thousands of patients are left without safe and dignified access to their medicine. In California, this could mean driving four to five hours. In other areas of the country, it can mean going to the illicit market, or even worse, going without medication and suffering needlessly.

The Supreme Court has concluded that a virtue of our federalist system of government is that "a single courageous State may, if its citizens choose,

serve as a laboratory; and try novel social and economic experiments without risk to the rest of the country." Justice Sandra Day O'Connor quoted that in her dissenting opinion in *Gonzales v. Raich*, arguing that medical cannabis "exemplifies the role of States as laboratories." States are successfully experimenting with solutions for helping millions of suffering Americans, but federal interference and intimidation are slowing down that process, and in some instances, have stopped it altogether.

Congress can demonstrate compassion and fiscal responsibility by harmonizing federal law with the laws of the 18 states and the District of Columbia where medical cannabis is legal. Until they do, the economic and human costs of the attack on medical cannabis will continue to grow.

Bill Reddick, Bryan Epis, Joe Kidwell, Peggy Reddick, B.E. Smith, Peter McWilliams, Renee Boje, rington, Jeff Yablan, Judy Osburn, Keith Alden, Alan MacFarlane, Dan Nelson, David Arnett, D Kevin Gage, Mark Whitney, Michael Teague, Mike Corral, Mike Foley, Paul Maggi, Rick Watts, Steve McWilliams, Thomas Kikuchi, Todd McCormick, Traci Coggins, Valerie Corral, Leroy Stubb Don Nord, Travis Paulsen, Richard Marino, Anna Barrett, Celeste Angello, Cynthia Barcelo Bl Araujo, Jacek Mroz, Jesse Nieblas, Jimmy Halloran, Joe Kidwell, Mario Pacetti, Mark Whitne Thomas Grossi, Todd McCormick, Dana May, Anna Barrett, Cynthia Barcelo Blake, David Dean James Chiaverin, James Elay, James Holland, Jayson Westfall, Jesse Nieblas, Jimmy Halloran, Jo Michael Payne, Phung Van Nguyen, Rayleen Edson, Richard Marino, Robert Schmidt, Roy Lee S Amber Froines, Amy Teresa Arata, Antonio Malagon, Ben Blair, Brad Heinmiller, Bradley Wickli Garry Silva, Gary Barrett, Snoon Coss, Heleno Araujo, Irene Matsuka, Jacek Mroz, Jaime Alva thewson, Jeff Sanderson, Jesse Monko, Jesse Nieblas, Jimmy Halloran, Joe Fortt, Joe Kidwell, J Kevin Ellis, Larry Kristich, Louis Wayne Fowler, Lucky Jamal Boissiere, Luke Scamizzo, Mario P Renee Boje, Ricardo Montes, Richard Marino, Robert Schmidt, Ross McManus, Scott Wright, S Grossi, Thomas Kikuchi, Timothy Delat, Rob Landis, Todd McCormick, Tom Cole, Tracy Smith, da, Alice Wiegand, Amber Froines, Amy Teresa Arata, Antonio Malagon, Brad Heinmiller, Brad David Chavez, Jr, David Chavez, Sr., David Harde, Dennis Lalonde, Diallo McLinn, Donato Can Cavazos, Jacek Mroz, Jaime Perreira, James Carberry, James Daley, James Elay, James Holland, Joe Fortt, Joe Kidwell, John Moreaux, John Shanks, John Sullivan, John Wyatt, Johnny Sero, Lar sen, Ronald Naulls, Ross McManus, Roy Lee Sharpnack, Scott Wright, Sean Anderson, Stephanie schel, Wayne Hudson, Winslow Norton, Abraham Norton, Alexander Latentine, Alfaro Munoz Larkin, David Dean Davidson, David Harde, Heleno Araujo, Jacek Mroz, Jaime Perreira, Jason F Jamal Boissiere, Pshyra Grant, Rand Graynor, Mary Ann Graynor, Ricardo Montes, Richard Ma Wayne Hudson, Winslow Norton, Rebekah Trulson, Vincent Trulson, Ker Rays, Abraham Mont Forsberg, Douglas Frakes, John Roberts and Stephanie Whisman, Joseph Johnson, Kyle Core Brand, Noah Joel Kleinman, Patricia Albright, Peter Arthur Suhan, Jeremy Duvall, Jerry Duv Leland, Jonathan Janetski, Joshua L. Schultz, Justin L. Flor, Michael Kassner, Richard G. Flor, Sha John Allen Youngblood, John Birmele, Katree Darriel Saunders, Kelly Birmele, Kristen Krusyna, Ron Teston, Timothy Hough, Charles Wright, Dennis Whited, Jerry Laberde, Jon Vivian, Russell olas Einar Lattu, Nicholas Martin Butier III, Noah Joel Kleinman, Patricia Albright, Paul A. Mont Ron Chang, Ryan Aparicio Mondragon, Ryan Scott Hunt, Ryder Phillips, Chris Williams, Evan C Harvey, Rolland Gregg, Russell Blake, Brandon Anton Gustafson, Kathy Thabet, Kevin Freeman bright, Paul A. Montoya, Peter Arthur Suhan, Ryan Aparicio Mondragon, Ryan Scott Hunt, Rhoades-Yokoi, Michael Ellsworth, Ron Teston, Timothy Hough, Charles Wright, Dennis Whited, Ja

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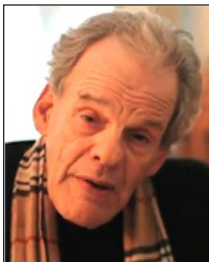
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David Kephart , Diane Monson, Ed Bierling, Ed Rosenthal, Jacob Sink, Keith Alden, Ken Hayes,
Robert Schmidt, Robert Whiteaker, Roy Lee Sharpnack, Shawna Whiteaker, Stephanie Landa,
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V. The Fallen

Working with a seriously ill population unfortunately means we all too frequently confront loss of life. Since ASA was founded in 2002, over one hundred of the organization's active members have passed away, and we mourn them all. However, the hardest part of the deaths profiled in this section is that some could have been prevented, and others could have at least been more peaceful.

NORMAN SMITH, TIMOTHY GARON, AND KIMBERLY REYES

Discrimination is a serious issue faced on a daily basis by thousands of medical cannabis patients. One of the more egregious and heartbreaking forms of discrimination is by healthcare centers that deny organ transplants to otherwise qualified candidates simply because the patient uses medical cannabis on the advice of a different physician. A number of transplant clinics across the country, which are not governed by a single central policy, routinely refuse to list medical cannabis patients for organ transplants, based in part on the federal government's outdated policy. One such victim of this kind of discrimination was 64-year-old **Norman Smith**. Norman had inoperable liver cancer and was recommended cannabis by his oncologist at the world-renowned Cedars-Sinai Medical Center in Los Angeles. Yet, the same medical center denied Norman a liver transplant because of his status as a medical cannabis patient. In 2010, Norman became eligible for a liver transplant, but after testing positive for cannabis in February 2012, he was removed from the transplant list. The medical center's requirement that Norman undergo six months of random toxicology tests and weekly substance abuse counseling prevented him from ever getting back on the list, since he died less than six months later, in July 2012.



Norman is not the only medical cannabis patient in the U.S. who has been denied a transplant. At least two other Cedars-Sinai patients reported to ASA that they had been kicked off the trans-

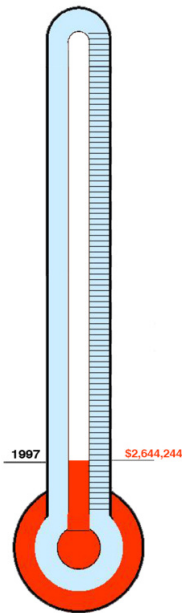
plant list because of their legal, doctor-recommended medical cannabis use. Over the past four years, ASA has received numerous reports of patients being purged from transplant lists across California, as well as in other medical cannabis states such as Hawaii, Oregon, and Washington. In 2008, Seattle resident and medical cannabis patient **Timothy Garon** died after being denied a liver transplant by the University of Washington Medical Center. A year later, in 2009, Hawaii resident and medical cannabis patient **Kimberly Reyes** died at Hilo Hospital after being denied a liver transplant.

PETER MCWILLIAMS

Peter McWilliams was a best-selling author and publisher of numerous self-help and other books, including *Ain't Nobody's Business if You Do: The Absurdity of Consensual Crimes in Our Free Country* and *LIFE 101: Everything We Wished We Had Learned About Life in School—But Didn't*.



In March 1996, Peter was diagnosed with both HIV/AIDS and cancer. After being prescribed chemotherapy and radiation to fight the cancer and combination drug therapy for AIDS, Peter found that in some ways the treatment was worse than the disease. Nauseous, unable to eat, and without an appetite, Peter began to waste away at his Los Angeles home, despite the medications his doctors were prescribing. After doing some research, Peter decided to see if cannabis would help control the side effects of the cancer and AIDS treatments. To his amazement, he found that using cannabis allowed him to keep down the drugs that were helping fight his diseases.



Peter commissioned a patient-cultivator to write a book on growing numerous strains of marijuana but was soon raided by the DEA. Peter and the cultivator were charged with conspiracy. Because federal law does not recognize medical cannabis, the judge forced them both to stop using it under the terms of their release while they awaited trial.

With no legal defense available under federal law and facing a mandatory 10-year sentence, Peter pleaded guilty to a lesser charge that reduced his sentence to a maximum of five years. While awaiting sentencing, Peter was forbidden to use cannabis, even though it was the only drug that had proven effective in controlling his violent vomiting. Peter died in his home on June 14, 2000 at the age of 50, asphyxiating on his own vomit. For this cancer and AIDS patient, the federal government's policy on medical cannabis denied him the natural medicine that best controlled his nausea and became a death sentence.

STEVE MCWILLIAMS

Steve McWilliams was a long-time medical cannabis advocate in San Diego, who attended over one hundred City Council meetings. He also served on the City's Medical Cannabis Task Force, and ran for a seat on the City Council.



Steve devoted his time to organizing outside of official political institutions. He was a regular fixture at protests and rallies for various causes. His home in Normal Heights became the site of Shelter from the Storm's Stir It Up Cannabis Coffee House, a place where cannabis patients could come to use their medicine and share information. Shelter from the Storm also included a modest 25-plant medical cannabis garden. In 2002, Steve was raided by the DEA and charged with illegal cultivation. In 2003, he was sentenced to six months in federal prison, but remained free while his case was on appeal. However, Steve was subject to drug testing and not allowed to use cannabis. This forced him to take higher doses of the strong narcotic pain

[F]ederal policy that prohibits physicians from alleviating suffering by prescribing marijuana for seriously ill patients is misguided, heavy-handed, and inhumane.

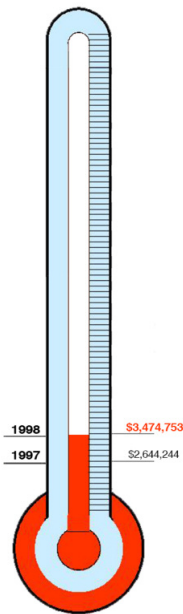
— Dr. Jerome Kassirer, editor,
New England Journal of Medicine

suicide. It was his 51st birthday. He ended his life by overdosing on his prescription medication. He left a note, which said he "refused to allow the government to control my life" and that it was "about my right to use a medicine that worked for me." He signed the letter "No retreat. No surrender."

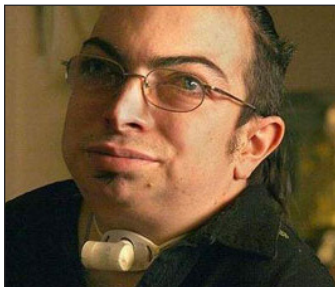
After Steve's death, protests and remembrances were held in Washington DC and 14 other cities across the U.S. featuring banners that read, "The Feds killed Steve McWilliams. Ask us how!" San Diego City Councilwoman Toni Atkins commemorated Steve at a City Council meeting, calling him "a tenacious and relentless force to be reckoned with" and "a hero" for his efforts.

medications prescribed by his doctors. These drugs left him with more side effects and less able to function.

On July 11, 2005, in constant pain and resistant to serving his looming sentence, Steve committed



SCOTT DAY



Scott Day was Montana's most prominent medical cannabis patient. He was indicted on federal drug trafficking charges in 2007 for growing 96 plants at his home, which he used to treat a rare terminal illness.

In order to help him deal with the extreme pressure of the raid and prosecution, Scott's doctor prescribed an anxiety medication. Unfortunately, he had a fatal reaction to the drug and died of asphyxiation. Scott's last months were filled with terror at the thought of perishing in prison.

MARLENE RASNICK



In November 2001, twelve days before her death, Marlene Rasnick spoke at a candlelight vigil protesting a DEA raid on the Los Angeles Cannabis Resource Center (LACRC) in West Hollywood. Despite being wheelchair-bound due to her end-stage ovarian cancer, she devoted her last public appearance to expressing her grief "at what the DEA has done," to thank the center's staff, and to light a memorial candle honoring the many LACRC members who had passed away.

Diagnosed with cancer four years earlier and in and out of hospitals until her death, Marlene served on the board of the LACRC and as a spokesperson for the center, which provided cannabis to nearly 1,000 patients with AIDS, cancer, and other serious illnesses. She was always available for anything that would advance the cause of medical cannabis and was frequently interviewed about the issue, including a 1999 segment on "CBS in the Morning" and a CNN program that same year.

"Medical marijuana made it possible for me to sit in my garden and enjoy my friends. To enjoy music. To be able to sing again. To stretch my body. To be able to embrace life and to be able to say, 'Life's not over.' So if this government wants to tell seriously ill people that life is over for

I have seen a lot of people at the end stage of a disease really uncomfortable and really die miserable. And it's not just HIV. It's cancer. Anyone who has had a loved one die of cancer can relate to this. I have had personal knowledge of this, watching someone who has been addicted to pain medication for years and years start to smoke or use marijuana in food products, like a brownie, that can eliminate their pain, increase their appetite and increase the quality of their life... It has gotten a lot of discussion in the state house, obviously a lot of media attention. Nationally, when you look at what other states are doing, every state is moving in that direction.

— Patricia Todd, Alabama State Representative,

[M]arijuana has an extremely wide acute margin of safety for use under medical supervision and cannot cause lethal reactions ... [G]reater harm is caused by the legal consequences of its prohibition than possible risks of medicinal use.

— American Public Health Association, Resolution #9513,
"Access to Therapeutic Marijuana/Cannabis," 1995

2001, one day after 30 DEA agents raided the LACRC. Less than a month later, on November 18, 2001, Marlene lost her five-year battle against ovarian cancer, dying at home in Los Angeles with her husband by her side.

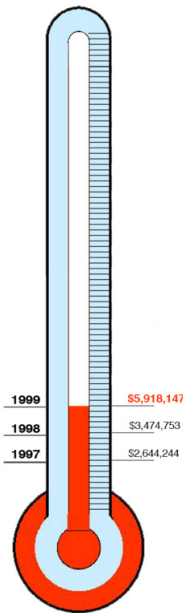
ROBIN PROSSER

Montana resident Robin Prosser spent two decades suffering from an immunosuppressive disease similar to Lupus. Allergic to many pharmaceutical options, she eventually turned to cannabis to cope with the migraines, nausea, and chronic pain that plagued her daily. Fighting to establish her right to cultivate cannabis, Robin went on a 60-day hunger strike, cementing herself as a leading advocate in Montana.

After she was indicted on both state and federal charges, and denied medical cannabis as a result, Prosser took her own life in 2007.

them, we don't want to accept it. And we'll do all we can to say, 'Life's not over.'"

Those were the words Marlene spoke to a packed press conference at the West Hollywood City Hall in October



VI. Prisoners of War

Over the last 17 years, the U.S. Department of Justice has spent over \$68 million prosecuting more than 243 medical cannabis cases. Most did not even go to trial. Over two-thirds of the defendants accepted plea agreements because they would have been unable to tell a jury they were medical cannabis patients or that they were providing medical cannabis in accordance with their state law. The prison sentences these patients and providers have received have cost the federal Bureau of Prisons nearly \$15 million. The following are a few of the personal and family stories of the 80 people who are currently in federal prison for following their doctors' advice or implementing their state's law.

RICHARD, SHERRY and KRISTIN FLOR



Richard Flor, a Vietnam veteran, was the first registered caregiver in the state of Montana and co-founded Montana Cannabis, once the state's leading provider of medicine. The DEA began investigating him in 2006 for harvesting cannabis in the backyard of his Miles City home; he was finally convicted of violating federal marijuana law in 2012. Richard, who suffered from diabetes, hepatitis C, and osteoporosis, died shackled to a bed in Nevada at age 68, just four months into a five-year prison sentence. His widow, **Sherry Flor**, 54, is serving two years in prison for doing odd jobs from bookkeeping to watering plants. Once



she is released from federal prison, Sherry will spend the rest of her life paying off a \$288,000 judgment to the government, which has already auctioned off the house that belonged to the Flor family for generations.



Kristin Flor, the sole member of her immediate family not sentenced to prison, is left to pick up the pieces. She has been sending monthly payments to her incarcerated mother, which helps Sherry maintain regular contact with loved ones while mourning her father's death. The Flor family home was seized by the government, so her mom has no choice but to move in with Kristin when she is released from prison. The stress of the ordeal has caused Kristin to leave her job so she can focus on re-

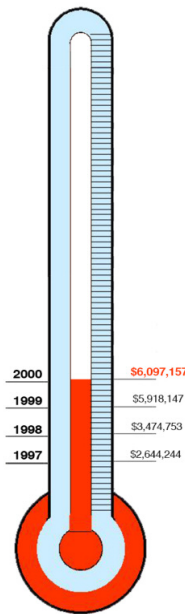
building her family's shattered lives.

CHRIS and SAGE WILLIAMS, KARI BOITER

Richard Flor's business partner at Montana Cannabis, **Chris Williams** was recruited to join the company because of horticulture expertise he acquired growing up on a farm. Even though federal prosecutors piled on eight separate felony charges, Chris refused a plea deal and chose to go to trial, arguing that the federal government should not be able to "veto" the state initiative Montana voters passed in 2004. Two other co-owners took plea bargains that required cooperation with federal investigators.



As a result of their testimony and the Judge's ruling that state law was irrelevant, Chris was convicted of eight federal felonies that required a mandatory minimum sentence of 90 years in prison. Media attention and a groundswell of public pressure prompted a federal judge to call for mediation. Ultimately, the U.S. Attorney dismissed six of the charges, allowing





Chris to be sentenced to just over five years in prison. He is currently incarcerated in Sheridan, Oregon at an average cost of \$30,000 per year. The price tag for the investigation into his legitimate business, his prosecution and federal trial, lost productivity, and imprisonment totals nearly \$2 million.

Chris Williams' 16-year-old son **Sage Williams** is not your average teenager. Raised by his single dad and homeschooled from 8th grade on, Sage completed his high school education two years ahead of his peers and is already enrolled in college. With his dad behind bars, Sage is living in the dorms, struggling to make ends meet solely on student loans because strict child labor laws have left him unable to find work to support himself. He takes classes during the summer to keep a roof over his head, but Sage has no real place to call home during school breaks. Sage continues to thrive despite the circumstances, and on the rare occasions when he has been willing to ask for help,

several of his father's friends and a few distant relatives have stepped up.

Medical cannabis advocate **Kari Boiter** helps make sure Sage is taken care of, with custody being delegated to her while Chris Williams is in prison. She has become a steadfast source of support for Chris and his son, as well as the families of other medical marijuana prisoners. Kari's tireless dedication helped convince federal prosecutors to negotiate the post-trial settlement that reduced Chris's prison sentence from a mandatory minimum of 90 years to just over five years. That miraculous outcome earned her a national advocacy award in Washington, D.C. Kari's passion stems from a desire to legally use medical cannabis to treat a genetic disorder that's plagued her since childhood.

JASON and CHARLENE WASHINGTON, LISA FLEMING

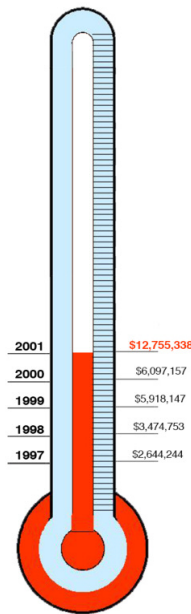
Jason Washington, formerly a starting quarterback at the University of Montana, is known for his generous spirit and kind-hearted nature. He often participated in charity fundraisers and worked with terminally ill children.



Jason's company, Big Sky Health, was among the dozens of licensed Montana cannabis businesses raided by federal agents in March 2011. Jason and six of his employees were indicted, including one of his accountants.

Several of the prosecutor's star witnesses included former associates who received immunity in exchange for their testimony. Jason was convicted of two drug trafficking charges and acquitted of a third. On May 1, 2013, he became the last of Montana's medical marijuana defendants to be sentenced, receiving two years in prison.

Jason's mother, **Charlene Washington**, a widow with three children, was forced to watch helplessly as her youngest son was hauled away in handcuffs this spring. Charlene, who works for the Berkeley City Council, never imagined as she licensed medical cannabis entrepreneurs in California that her own family would pay such a price. Since her son's ordeal began, Charlene has lost weight—and countless nights of sleep—worrying about his fate. The legal nightmare has also caused financial strain. She will spend the next several years supporting her son as he attempts to once again become a productive member of society.





Lisa Fleming was Jason Washington's accountant. She was indicted for conspiracy to manufacture and distribute marijuana, even though she had nothing to do with the day-to-day operation of Big Sky Health. The U.S. Attorney eventually dismissed the charges against her, but the large legal bills and stress of the indictment have taken a hefty toll. It will take Lisa several years to pay off the debt and rebuild her life.

BRYAN and ASHLEY EPIS

Bryan Epis, 46, was the first medical cannabis patient convicted in federal court after the passage of California's landmark initiative, Proposition 215. Bryan was arrested in June 1997 after Butte County sheriff's deputies discovered cannabis plants growing in the basement of his home in Chico. Bryan was convicted in federal court in July 2002 and given a 10-year mandatory minimum sentence. After serving several years, Bryan was released on bail pending an appeal, but in May 2009 the Ninth Circuit Court of Appeals denied it, and he was returned to federal prison. Bryan was finally released from federal prison in June 2013, three years early but a full 15 years after his ordeal began.

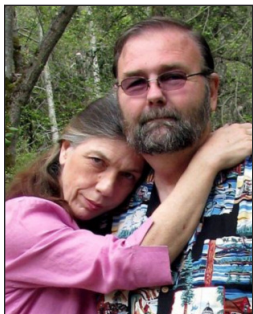


Ashley Epis was nine years old in 2003 when her dad, Bryan, was sentenced to a decade in federal prison. Despite her young age, Ashley bravely spoke out at events and press conferences and even met with members of Congress when she traveled to DC for the introduction of legislation—the Truth in Trials Act—which her father's case inspired (pictured at right with Rep. Sam Farr, the bill's author). Now a college student, Ashley had to grow up without her father in her daily life, but she visited him as much as she could and was there to greet him on his release this spring.

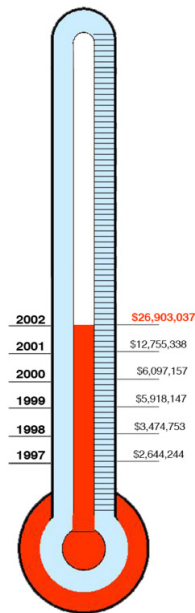


DR. MOLLIE FRY & DALE SCHAFER

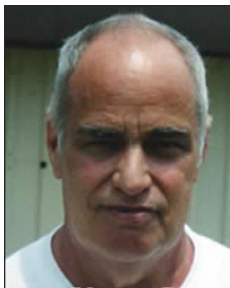
Medical cannabis physician and cancer survivor **Mollie Fry, MD** and her husband, attorney **Dale Schafer**, were arrested as a result of a September 2001 federal raid



on their clinic in Cool, California. Dr. Fry provided medical cannabis recommendations to local qualified patients, and Schafer assisted patients in cultivating for themselves. Dr. Fry and Schafer also grew a modest amount of cannabis for themselves and a small number of other patients. They were tried in 2007 for cultivating cannabis and conspiring to cultivate and distribute it. Denied a medical defense despite their adherence to state law, they were convicted. The government used the couple's records of multiple years of harvests to argue they had grown more than 100 plants, making them subject to mandatory minimum sentences of five years. The Obama administration vigorously opposed an appeal of their sentence in the Ninth Circuit, and in May 2011 Fry and Schafer began serving out their five-year prison sentences.



DUSTIN COSTA



Medical cannabis patient and caregiver Dustin Costa, former-president of the Merced Patients Group in California, was originally prosecuted on state cultivation charges stemming from a March 2004 arrest by Merced County Sheriffs. However, after 18 months of state court proceedings, the Merced District Attorney turned Dustin's case over to the U.S. Attorney for federal prosecution. In August 2005, federal agents re-arrested Dustin, and in November of the following year a jury convicted him on federal charges of cultivation, possession with intent to distribute, and possession of a firearm. Dustin is currently serving a 13-year sentence in federal prison.

AARON SANDUSKY

Medical cannabis provider Aaron Sandusky operated three dispensaries in San Bernardino County, California, serving more than 10,000 patients in strict compli-



ance with state law. The City of Upland attempted to use zoning to shut down one of Sandusky's dispensaries, G3 Holistic, but he sued the city in state court and was allowed to remain open by court order. Evidence suggests city officials may have called in the DEA in November 2011.

When appropriately prescribed and monitored, marijuana/cannabis can provide immeasurable benefits for the health and well-being of our patients ... We support state and federal legislation not only to remove criminal penalties associated with medical marijuana, but further to exclude marijuana/cannabis from classification as a Schedule I drug.

— American Academy of HIV Medicine
November 11, 2003

Federal prosecutors indicted Sandusky and others in June 2012 for six felonies, including manufacturing marijuana, possession with intent to distribute, and conspiracy. In October 2012, Sandusky was the only one to take his case to trial, but based on the lack of a defense in federal court and the testimony his co-defendants' plea deals required be given against him, Sandusky was ultimately convicted. He is serving a 10-year prison sentence.

JOHN MARCINKIEWCIZ, SHELLEY WALDRON and JAYCOB MONTAGUE

John Marcinkewciz is currently serving five years in prison for providing medical cannabis to state-registered patients in Michigan. A local businessman and son of a former prosecutor, John insists he would have never grown cannabis if not for the voter-approved law passed in 2008. John and



his longtime girlfriend, **Shelley Waldron**, were federally indicted along with John's nephew, **Jaycob Montague**, after states charges were dismissed. Shelley and Jaycob were sentenced to 18 months in prison. It is not uncommon to see several members of the same family indicted, ratcheting up the pressure to plead guilty so loved ones are spared harm.

THE LANSING SEVEN

Ryan Basore was co-owner of Capital City Caregivers, a state-licensed dispensary in Lansing, Michigan. He is currently serving a four-year federal prison sentence in

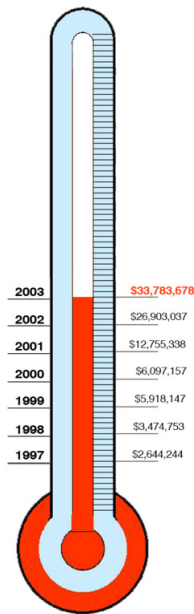


Morgantown, West Virginia. In a broad and sweeping indictment, the federal government targeted even those who were only loosely affiliated with the storefront dispensary, including two businessmen in their 60's and each of their sons. **Lance and Dennis Forsberg** received prison sentences of three years each, while **Dennis and Kyle Corey** were sent to prison for one year and two years, respectively. The remaining defendants, **Patrick Karslake** and **Douglas Frakes**, were given prison terms of a year or less.

Many believe Ryan's company was targeted because of his prominence in the local medical cannabis movement. The incarceration costs alone will exceed half-a-million dollars, not including law enforcement resources and court proceedings.

JEREMY and JERRY DUVAL and FAMILY

Jerry Duval, a registered Michigan medical cannabis patient, and his son Jeremy, a registered caregiver, were raided by the DEA in 2011, despite strictly adhering to Michigan law. The father and son were tried together in federal court and convicted of conspiracy to manufacture marijuana, intent to distribute, and maintaining a drug premises. **Jeremy Duval** is currently serving a five-year prison sentence in West Virginia. Jerry has been ordered to surrender to a medical prison





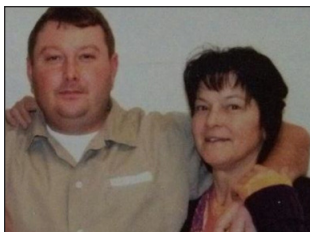
in Massachusetts to serve a ten-year sentence. Jerry is a kidney and pancreas transplant recipient whose required routine medical care will cost taxpayers at least \$1 million over the course of his sentence. Jeremy, on the other hand, is what the Bureau of Prisons considers a “healthy prisoner,” but housing him in a minimum-security lockup will still cost at least \$150,000. When the cost of incarcerating them is added to the costs of a federal investigation and trial, plus the appeals process that just got underway, the total tab soars to more than \$3 million.

Jerry’s mother, **Sharon Duval**, suffers from anxiety and post-traumatic stress disorder after law enforcement armed with automatic weapons used a tank to raid her son’s house next door and stormed her

home. The fear and trepidation have forced Sharon to leave Michigan and put her planned retirement on hold indefinitely.

Tracey Bowen-Duval is not only adjusting to life without her husband, Jerry, but has been forced to pack up the family home and move due to civil asset forfeiture proceedings. After living in rural Petersburg, Michigan for over 15 years, Tracey has relocated to a nearby town where she is trying to rebuild her shattered life. She has taken a different job and is renting out a room in her house in order to make ends meet while Jerry is away.

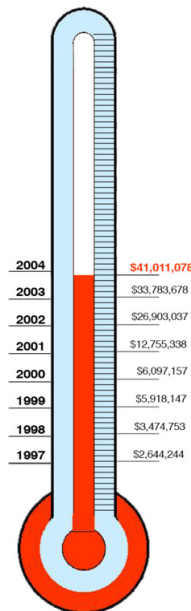




Ashley Duval is extremely close to both her brother, Jeremy, and her father, Jerry. She struggles daily to cope with the loss of her imprisoned family members. A country girl at

heart, she has taken on the family traditions of farming and horsemanship, even though the land that was previously passed down from one generation to the next will never become hers as a result of federal forfeiture proceedings. Ashley has become a dedicated advocate not only for her own family, but for all of the political prisoners who find themselves caught in the conflict between state and federal cannabis laws.

Marilyn Hunt is the devoted mother of Jeremy Duval. Marilyn continues to fight to help free her son and his father.



VIRGIL and PSHYRA GRANT

Former Los Angeles-area dispensary operator **Virgil Grant III** and his wife **Pshyra Grant** lawfully provided medical cannabis through city-registered dispensaries in some of the poorer, largely African-American neighborhoods of Los Angeles. They were arrested by federal agents in May 2008 and charged with distribution of marijuana within 1,000 feet of a school, money laundering, and conspiracy. The federal government was relentless in its prosecution of them, but eventually prosecutors negotiated to drop all the charges against Grant's wife, Pshyra, if he pleaded guilty to conspiracy. Grant reluctantly agreed and, in March 2010, he was sentenced to six years in federal prison, where he remains today.

VII. The Persecuted

Over the past 17 years, the Justice Department has carried out over 500 aggressive SWAT-style raids on medical cannabis patients and providers, arrested nearly 400 people, and prosecuted more than 160 cases. At close to \$17,000 per raid, the DEA has spent approximately \$8 million to terrorize individuals who were following state law. As expensive as these raids are, they are dwarfed by the amount the Justice Department spends on investigations. According to search warrants and DEA press releases, the agency spends anywhere from six months to four years conducting medical cannabis investigations, costing taxpayers over \$336 million. In 2013, the DEA spent 4% of their budget focusing on medical cannabis cases such as those outlined below.

DON NORD

Don Nord is a 57-year-old disabled laborer in Colorado. Don suffers from a myriad of health problems, including loss of a kidney due to cancer, phlebitis, blood clots, diabetes, and neuropathy in his feet, not to mention pancreas and gall bladder issues. Don uses cannabis to manage the pain

associated with his debilitating medical conditions and to help him sleep at night.

We must make sure that the casualties of the war on drugs are not suffering patients who legitimately deserve relief.

— Scott Fishman, president
American Academy of Pain Medicine, February 2006

Don began cultivating cannabis because his fixed income of \$655 per month is not enough to purchase the medicine his doctor recommends, even if he had no other expenses. Without medical

cannabis, he has to take more prescription drugs, which he also can't afford. Federal agents from the DEA raided his small garden in October 2003.

"I told them I was a registered medical marijuana patient, but they said they were federal agents and my certificate doesn't mean anything to them," said Don. While the DEA didn't arrest Don,

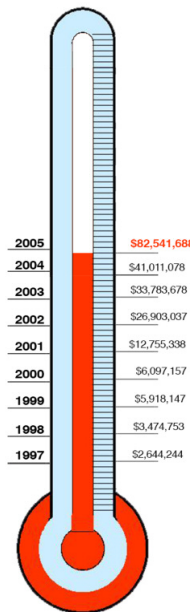
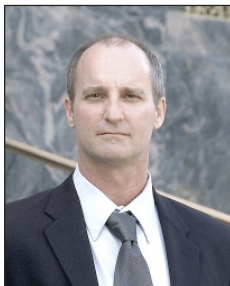
the agents confiscated his three plants, five ounces of medicine, a pipe, rolling papers, and the growing equipment he had borrowed from a friend. When he got his day in court, the judge dismissed the charges.

Now, the federal government is using tax dollars to fight the lawsuit Don has brought against them.

CHARLES LYNCH

A medical cannabis provider from Morro Bay, California, Charlie Lynch operated Central Coast Compassionate Caregivers (CCCC) with the approval of the Morro Bay City Council. His dispensary was welcomed by the local Chamber of Commerce and operated without incident for 11 months before being raided by federal agents in March 2007. He was denied a defense in federal court and, as a result, was convicted at trial in 2008. However, his judge found that Charlie's case merited an exception to the five-year mandatory minimum sentence his conviction would normally entail and instead sentenced him to a year and a day. Charlie is

currently out on bail pending his appeal and is not allowed to use medical cannabis according to the terms of his release. ASA has filed an amicus 'friend of the court' brief on behalf of Charlie's appeal.



MATT DAVIES



Stockton dispensary operator Matt Davies played by the book, strictly adhering to state law as he provided medical cannabis to thousands of patients in California's northern Central Valley, an area where very few dispensaries exist. His operation was raided in 2011 by the Obama Justice Department, and Davies and two of his staff were indicted in July 2012.

Facing the prospect of federal trial with no possible defense and convictions that would carry mandatory 10-year sentences, all three accepted plea bargains for 5-year sentences. Illustrating the Obama Administration's attitude on medical cannabis and lack of respect for state law, U.S. Attorney Benjamin Wagner called Davies, the father of two young children, "one of the most significant commercial marijuana traffickers to be prosecuted in this district."

VALERIE and MIKE CORRAL, WAMM

In 1973, Valerie Corral was involved in a freak accident that left her with a serious head injury that resulted in an epileptic condition causing as many as five grand mal seizures a day. Valerie tried using prescription pharmaceutical drugs to control her seizures, but her epilepsy did not respond to them without devastating side effects.

After her husband, Mike, read about experiments using cannabis to control laboratory-induced seizures in rats, Valerie decided to try it. She stopped using pharmaceutical drugs and began to smoke measured amounts and varieties of cannabis. She found she could completely control the onset of her seizures by using cannabis alone. For years, the couple grew cannabis for Valerie's medicinal use, but eventually they began



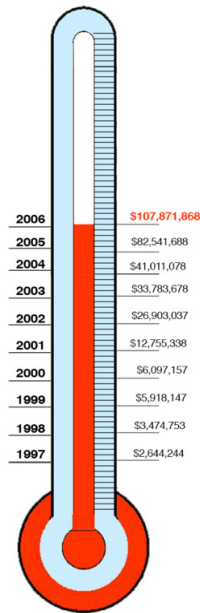
to grow it for other qualified patients as the Wo/Men's Alliance for Medical Marijuana (WAMM).



Along with the other members of WAMM, Valerie and Mike do research on different strains of cannabis and supply free (or by donation) high quality, organically grown medicine to seriously ill patients who qualify for the co-op. WAMM serves approximately 250 members who suffer from diseases including HIV/AIDS, multiple sclerosis, glaucoma, epilepsy, various forms of cancer, and other terminal and chronic illnesses. Membership is comprised of 85% terminally ill patients.

Early in the morning of September 5, 2002, dozens of armed DEA agents broke into the Corrals' home without warning, handcuffed them and held guns to their heads. A paraplegic WAMM board member, Suzanne Pfiel, who was staying with them was awakened at gunpoint, handcuffed to her bed, and abandoned while the agents destroyed 150 cannabis plants in the WAMM garden.

Less than two weeks later, in an act of public protest, the mayor and City Council of Santa Cruz joined WAMM to distribute medical cannabis to thirteen patients on the steps of Santa Cruz City Hall. Before 200 members of the media, more than a thousand people assembled to express their solidarity. The city later joined a lawsuit filed by WAMM against the federal government, which was actively litigated for seven years.



VIII. Land Wars: Asset Forfeiture

Asset forfeiture refers to a civil or criminal legal action in which the federal government confiscates property that was “acquired with proceeds of a criminal act” or “used to commit a criminal act.” However, asset forfeiture proceedings can happen without a criminal conviction.

Over the last 17 years, ASA has recorded approximately 30 asset forfeiture cases carried out by the DOJ in relation to medical cannabis, the vast majority of which have occurred under the Obama Administration. In some cases, the property being seized is the site where medical cannabis was being produced or distributed, but often the property is the home of the defendant or the defendant’s family. Each asset forfeiture prosecution costs taxpayers approximately \$350,000 to conduct. Since 1997, the Department of Justice has spent well over \$12 million trying to seize the assets of patients, their providers, and the landlords who lease property to them. The following are a few of the currently pending cases.

HARBORSIDE HEALTH CENTER

In October 2011, the four U.S. Attorneys in California held a press conference to announce with great fanfare a campaign to shut down medical cannabis dispensaries across the state. The federal prosecutors then sent letters to hundreds of landlords threatening seizure of their property and criminal prosecution if they continued to lease to their dispensary tenants. One of the highest-profile asset forfeiture cases is against Harborside Health Center, one of the nation’s largest and most respected dispensaries. In July 2012, U.S. Attorney Melinda Haag sued the Oakland and San Jose landlords of Harborside in an attempt to shut the dispensary down. In October, the City of Oakland filed suit against the Obama Administration, seeking to protect the licensed facility that serves thousands of patients; pays local, state and federal taxes; and has been legally operating without incident since 2006. ASA is also representing a group of Harborside patients and their interests in this forfeiture proceeding.



BERKELEY PATIENTS GROUP

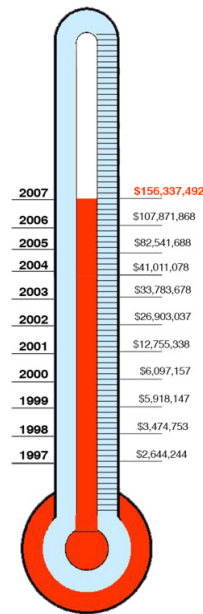


In November 2011, U.S. Attorney Melinda Haag sent a letter threatening criminal prosecution and asset forfeiture against the landlord for one of California's oldest dispensaries, Berkeley Patients Group (BPG). The letter said that BPG must shut down because it was less than 1,000 feet from a school, despite no there being such requirement under local or state law. At great inconvenience and expense to BPG, the dispensary moved in order to be more than 1,000 feet from any primary and secondary schools. Then, in early May, the new landlord for BPG was served with a forfeiture lawsuit by U.S. Attorney Haag. The following week, Berkeley Mayor Tom Bates and four City Council members spoke out against the Obama Administration's actions. BPG and the thousands of patients it serves have the strong support of not only city officials and advocates such as ASA, but also numerous state and federal elected officials.

SHARON DUVAL



Sharon not only lost her son and grandson to federal prison, the government is also in the process of auctioning off the family farm that she spent her entire life working to sustain. After making monthly payments on the land for decades, Sharon is about to lose everything. In addition to worrying about two generations of imprisoned family members, Sharon suffers from anxiety and post-traumatic stress disorder after law enforcement—fully armed with automatic weapons and a tank—stormed her property while raiding her son's house next door. The fear and trepidation have forced her to move out-of-state, and Sharon's planned retirement in Michigan has been put on hold indefinitely.



IX. Fallout: Patients without Access

For every raid carried out by the DEA, or every dispensary that is closed due to threatening letters sent to landlords, hundreds if not thousands of patients' lives are disrupted. In some cases, the DEA has shut down every access point in a city or region in a single day. The following are profiles of individuals who had their lives and healthcare interrupted by federal officials seeking to seize the property of their medical cannabis providers who were in full compliance with their state law.

LORI BURNHAM, Hamilton, Montana

Lori Burnam of Hamilton, Montana, a much-loved and admired champion of medical cannabis patients' rights, used cannabis to treat glaucoma and stage IV cancer. Before taking cannabis, Burnam was prescribed morphine, which caused her horrible nightmares, made her sleepy, and gave her "the sweats." Morphine also caused the already-emaciated 60-year-old to lose five pounds, dropping her weight to 69 pounds. "My doctor was surprised I have lived so long. He said whatever I was doing, I should keep it up. Without medical cannabis, I believe I would perish."



After statewide raids in early 2010, ninety-two percent of legitimate caregivers in Montana closed or went underground, leaving patients such as Lori with nowhere to turn. "Do I look like I'm well connected?" she responded when asked if cannabis was available elsewhere. After using cannabis to prolong her life and reduce her suffering for years, Lori lost her courageous battle in January 2013, at the age of 66. Family member reported that without a safe supply of cannabis, she spent her final weeks in an opiate-induced fog.

HEIDI WHITMAN, San Diego, California

Heidi Whitman, 24, suffers from Cyclic Vomiting Syndrome as well as chronic pain as a result of a boat accident. The accident caused serious facial trauma, including a multiple fractures to her



jaw. Her physicians prescribed her liquid Percocet, a highly addictive opiate, as they stabilized her jaw with two plates, pins and wires. Seven years later, she still suffers from daily chronic pain. Medical cannabis relaxes Heidi's jaw muscles as they clench and tighten throughout the day. She also found that cannabis relieved the severe nausea, vomiting, anxiety, and the loss of appetite that comes with cyclic vomiting syndrome. Cannabis helps her eat and sleep, and gives her more energy.

The dispensary Heidi went to in San Diego was raided by the DEA in March 2013, and her current living conditions do not allow her to grow her own medicine. She has been forced to drive long distances out of town to obtain her medicine.

"Since the federal raids and county-wide crackdown on dispensaries, delivery services, and all access to medical marijuana I have had serious trouble obtaining the medicine that helps me maintain a normal life," Heidi says. "I have never been arrested or in trouble with the law. I consider myself a model citizen and do not want to get my medicine through the illicit market when our state law allows for access to medical marijuana."

DEBORAH G., San Diego, California

Deborah is 53-years old and gets by on a small, fixed Social Security Disability Insurance income. In addition to living with multiple sclerosis (MS) and its numerous symptoms for over 20 years, Deborah also suffers from back problems ranging from disc degenerative disease to spinal stenosis, painful arthritis in her hands and back, bursitis in both thighs, and a history of depression and anxiety. The various medications she has been prescribed for these conditions do not adequately



control the extreme pain she lives with or fully relieve her anxiety and depression, but cannabis helps her pain, MS symptoms, and anxiety more than other medication.

Until recently, Deborah was able to obtain her medical cannabis from a facility she could walk to from her home. But that location and all the others nearby were shut down by the DEA in a sweep of dispensaries across San Diego County,



so she is forced to drive long distances to inconvenient locations in other cities. The additional gas is difficult to afford on her fixed income, but worse is the extra physical energy the travel requires, a serious ordeal for someone who suffers from MS fatigue.

The additional gas is difficult to afford on her fixed income, but worse is the extra physical energy the travel requires, a serious ordeal for someone who suffers from MS fatigue.

"This callous behavior by the Feds has created far more problems for me. It has increased my anxiety over not being able to *safely* purchase my medicine that will, of course, lead to increased medical difficulties for me," she says. "I am now scared about being forced into the illegal world of drug dealing just to obtain a medicine that is legal under state law."

Needless to say, the job of law enforcement would also be complicated by Deborah purchasing her medicine from the illicit market. Yet in addition to the several sweeping raids in the San Diego area over the past few years, in March 2013, the DEA raided the area's last five operating dispensaries.

Based on much evidence, from patients and doctors alike, on the superior effectiveness and safety of whole cannabis compared to other medications, the President should instruct the NIH and the Food and Drug Administration to make efforts to enroll seriously ill patients whose physicians believe that whole cannabis would be helpful to their conditions in clinical trials, both to allow data-gathering and to provide an alternative to the black market while the scientific questions about the possible utility of cannabis are resolved."

— Federation of American scientists

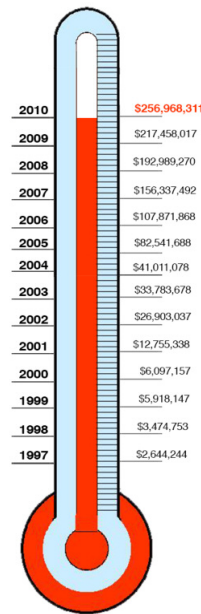
X. A Time for Peace

State legislators and voters across the country have concluded patients should have safe and consistent access to cannabis under the care of their physician. The federal government's enormous expenditure of resources interfering with the implementation of state medical cannabis laws is not slowing the rate of adoption of new laws or deterring doctors and patients from choosing cannabis as a treatment. The government is wasting hundreds of millions of taxpayer dollars, destroying lives and tearing families apart, disrupting the healthcare of patients, and undermining confidence in the rule of law.

Patient advocacy organizations such as Americans for Safe Access are far from alone in demanding that Congress scrap this outdated policy and adopt a new one that respects duly-enacted state laws and reflects well-established science. National support for laws allowing safe access to medical cannabis polls at an overwhelming 83%, and 76% of Americans say they want to see an end to the raids. Elected officials from all levels of government, judges from state courts to the United States Supreme Court, editorial boards of newspapers, research scientists in many fields, and professional medical and legal organizations have all called on the Congress to solve this problem.

With 34% of the US population now living in states where medical cannabis is legal and more than one million Americans legally using medical cannabis under state law, this is an issue that affects much of the country. Each year that passes, more Americans are choosing medical cannabis as a treatment option, and their fellow citizens are supporting that choice.

The following recommendations represent immediate steps Congress can take to save taxpayer dollars and bring public policy in line with public opinion and modern medicine.



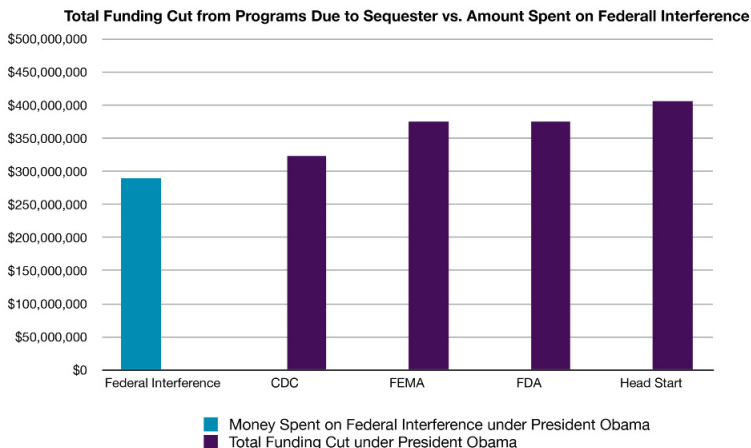
SOLUTION #1: Amend CJS Appropriations Bill to Restrict DOJ and DEA Spending

Despite the economic crisis, tight budgets, and federal programs in dire need of funds, the Obama Administration has spent approximately \$289 million over the past four-and-a-half years fighting medical cannabis. In 2011 and 2012, approximately 4% of the DEA's budget was spent subverting the successful implementation of state medical cannabis laws. This year all federal agencies were forced to make 2-7% budget cuts under the requirements of the Budget Control Act of 2011. Those cuts meant \$206 million less for the FDA, \$353 million slashed from the Centers for Disease Control and Prevention, \$375 million taken from FEMA, and \$406 million cut from Headstart programs.

The House Judiciary Committee has tried to hold US Attorney General Holder accountable for how the DOJ is spending money. But when asked at an oversight hearing in June of 2012 about

DOJ interference with state medical cannabis programs, he refused to take responsibility, saying, "We limit our enforcement efforts to those individuals, organizations that are acting out of conformity with state law."

That wasn't true at the time he said it, and just four days later armed federal agents raided El Camino Wellness, a respected medical cannabis dispensary in Sacramento, California that was fully licensed by the city and compliant with state law.



Congress cannot depend on the DOJ to remedy the disconnect between state and federal law, nor can the DOJ be trusted to account for the money it spends undermining state programs. Congress can, however, restrict the DOJ from misspending funds by adding the following amendment to the CJS appropriations bill:

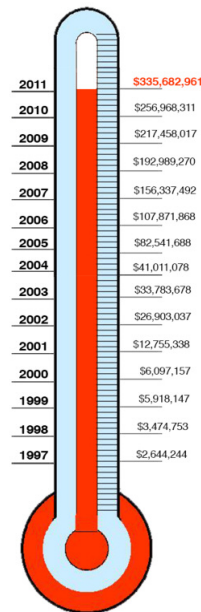
None of the funds made available in this Act to the Department of Justice may be used, with respect to the States of Alaska, Arizona, California, Colorado, Delaware, Connecticut, Hawaii, Maine, Maryland, Massachusetts, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, Washington and District of Columbia, to prevent such States from implementing their State laws that authorize the use, distribution, possession, or cultivation of medical marijuana.

SOLUTION #2: Release the most vulnerable POW's through the Federal Bureau of Prisons' Compassionate Release Program [18 U.S.C.3553(a)]

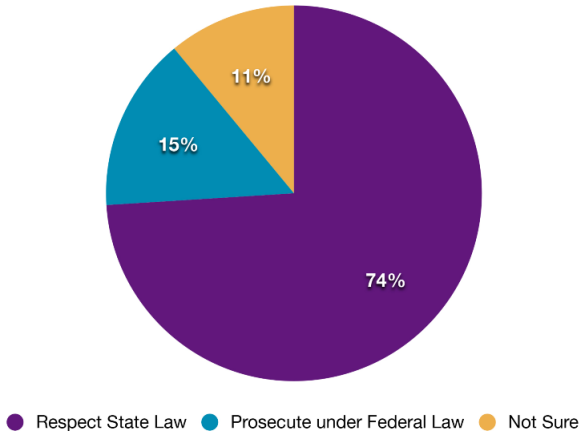
On June 11, 2013, Jerry Duval, profiled in the Prisoners of War section of this report, will begin a ten-year sentence at Federal Medical Center in Devens, Massachusetts. Jerry is a kidney and pancreas transplant recipient whose health care costs are approximately \$100,000 per year. His incarceration will cost the American taxpayer an estimated \$1.2 million.

Compassionate release saves money and reduces overcrowding, according to a report issued in April by the Department of Justice's Office of the Inspector General. Sadly, the report also found that in the approximate 200 cases where compassionate release was approved, 13% of the prisoners died while waiting for a decision from the Bureau of Prisons director.

On May 28, 2013, Jerry Duval sent Warden J. Grondolsky a request for compassionate release, stating:

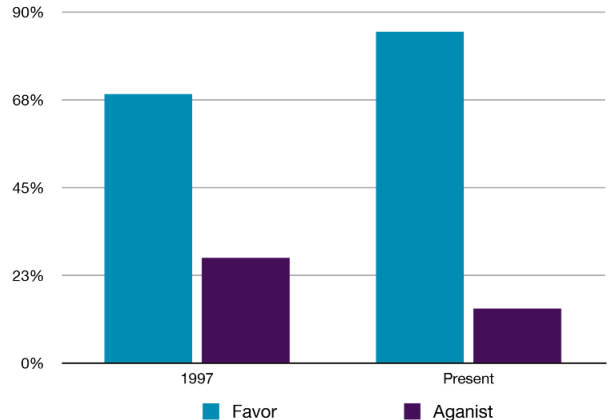


Percentage of Americans Who want an End to Medical Cannabis Raids



Source: Mason-Dixon Polling & Research Inc. (May 2012)

Percentage of Americans in Favor of Medical Cannabis



Source: Fox News Poll (May 2013)

The overwhelming support of the American public is essential to consider given that 18 U.S.C. 3553(a) calls for several factors to be accounted for when imposing a sentence, including the need to “promote respect for the law, and to provide just punishment for the offense.

I humbly ask you whether locking up a disabled medical marijuana patient for ten years—a sentence longer than some child rapists and murderers receive—achieves the statutory mandate. My son is currently serving a five-year prison sentence and I’ve lost the family farm. Little more could “afford adequate deterrence to criminal conduct” than the forfeiture of my estate and the imprisonment of my son.

The full letter from Jerry Duval to the warden can be found at:
AmericansForSafeAccess.org/downloads/Compassionate_Release_Request_Duval.pdf

SOLUTION #3: Pass the States' Medical Marijuana Patient Protection Act

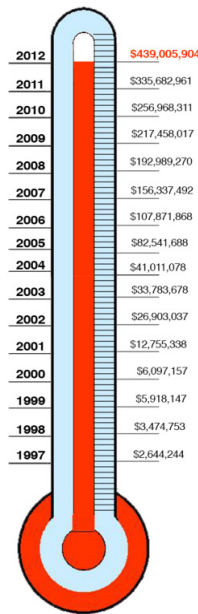
The Supreme Court has long acknowledged that it is appropriate and desirable for states to act as “laboratories” for the nation, and US Supreme Court Justice Sandra Day O’Connor has written this should also apply to developing a more reasonable and compassionate approach to medical cannabis. States are doing just that, but federal interference and intimidation slow the process, and in some instances, have stopped it altogether. Congress can help states meet the needs of their citizens by passing legislation that grants states the right to regulate medical cannabis without federal interference. HR 689, the current bi-partisan bill known as The States’ Medical Marijuana Patient Protection Act, provides a comprehensive approach to move federal policies forward.

“Nineteen jurisdictions have passed laws recognizing the importance of providing access to medical marijuana for the hundreds of thousands of patients who rely on it,” said Congressman Earl Blumenauer, the bill’s author. “It is time for the federal government to respect these decisions and stop inhibiting safe access.”

The States’ Medical Marijuana Patient Protection Act would (1) provide for the rescheduling of marijuana under the Controlled Substance Act to a listing other than Schedule I or Schedule II, (2) ensure that neither the Controlled Substances Act nor the Federal Food, Drug and Cosmetic Act would restrict individuals, doctors, or providers from operating in compliance with state or local laws, and (3) would also require that research into the potential therapeutic uses of cannabis be overseen by a government entity in the not focused on drug abuse.

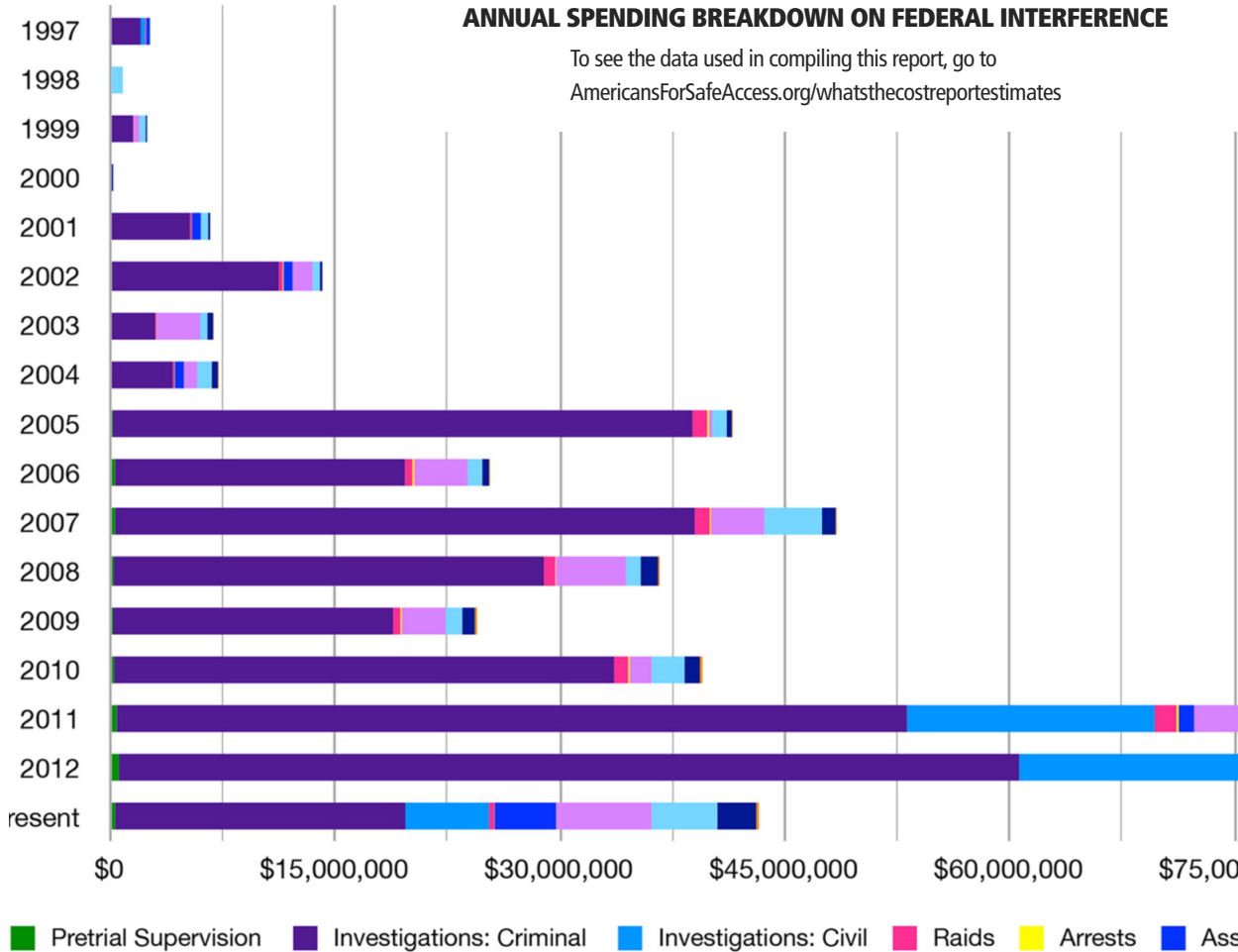
Full text of the bill can be found at:

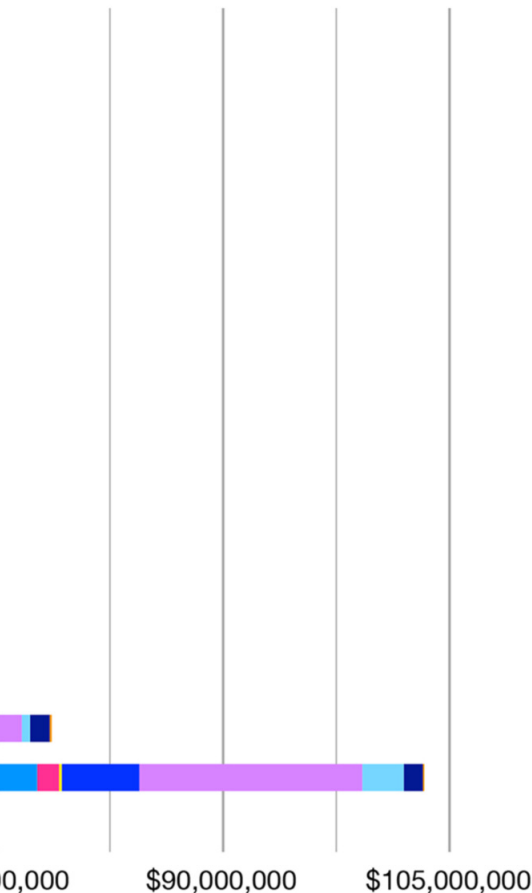
AmericansForSafeAccess.org/downloads/States_MMJ_Patient_Protection_Act_2013.pdf



ANNUAL SPENDING BREAKDOWN ON FEDERAL INTERFERENCE

To see the data used in compiling this report, go to
AmericansForSafeAccess.org/whatsthecostreportestimates





Pretrial Supervision

\$3092 Clinton
\$3620 Bush
\$3853 Obama

Criminal Investigations

\$500610 Clinton
\$586080 Bush
\$667463 Obama

Civil Investigations

\$62576 Clinton
\$73260 Bush
\$83432 Obama

Raids

\$12835 Clinton
\$15027 Bush
\$17411 Obama

Arrests

\$1785 Clinton
\$2089 Bush
\$2380 Obama

Asset Forfeiture

\$256280 Clinton
\$300036 Bush
\$341699 Obama

Prosecution: Plea

\$190819 Clinton
\$223398 Bush
\$245419 Obama

Prosecution: Trial

\$410615 Clinton
\$480720 Bush
\$547473 Obama

Incarcerations

\$21603 Clinton
\$24439 Bush
\$29027 Obama

Probation

\$3056 Clinton
\$3578 Bush
\$3807 Obama

Asset Forfeiture Prosecution: Plea Prosecution: Trial Incarcerations Probation



"I held my father's hand while he died of cancer, and it's really painful when you do something like that up close and personal... It puts me in a position of saying if there's something a physician can prescribe that can help someone who's suffering, I'm in favor of that... [Medical marijuana] should be like any other prescription drug... It's really hard to watch someone suffer that you love... My father was sick and there was some conversation about whether or not marijuana would have helped."

- Elizabeth Warren U.S. Senator

"[M]arijuana has an extremely wide acute margin of safety for use under medical supervision and cannot cause lethal reactions ... [G]reater harm is caused by the legal consequences of its prohibition than possible risks of medicinal use."

- American Public Health Association, Resolution #9513.

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- Scott Fiske
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Academy of
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What 85% of A about Me

"The National Nurses Society on Addictions urges the federal government to remove marijuana from the Schedule I category immediately, and make it available for physicians to prescribe. NNSA urges the American Nurses' Association and other health care professional organizations to support patient access to this medicine."

- National Nurses Society on Addictions, May 1, 1995

"[A] federal policy that prohibits physicians from alleviating suffering by prescribing marijuana for seriously ill patients is misguided, heavy-handed, and inhumane."

- Dr. Jerome Kassirer,
January 30, 1997

"Be it resolved that this organization urges Congress and the President to enact legislation to reschedule marijuana to allow doctors to prescribe smokable marijuana to patients in need; and, Be it further resolved that this organization urges the US Public Health Service to allow limited access to medicinal marijuana by promptly reopening the Investigational New Drug compassionate access program to new applicants."

- The Lymphoma Foundation of America

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...ilities of the war
...are not suffer-
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...eserve relief."

...hman, Presi-
...e American
...of Pain Medi-
...ary 2006

Americans are Saying Medical Cannabis

"The American Nurses Association (ANA) recognizes that patients should have safe access to therapeutic marijuana/cannabis. Cannabis or marijuana has been used medicinally for centuries. It has been shown to be effective in treating a wide range of symptoms and conditions."

- American Nurses Association (ANA)

"Many states have legalized medicinal marijuana. I believe the president and the Department of Justice ought to respect the will of these separate states... We are capable of self-government. We don't need some federal government. We don't need some federal government to come and tell us what to do. I believe it's our duty to the states...ought to govern the country toward the states...ought to govern the country. And that means change the policy now."

- Governor Jerry Brown

Californians overwhelmingly support the compassionate use of medical marijuana for the ill. ... I urge the federal authorities in the state to adhere to the United States Department of Justice's stated policy and focus their enforcement efforts on 'significant traffickers of illegal drugs.'

-California Attorney General Kamala Harris

The United Methodist Church's Board of Church and Society has said, "Licensed medical doctors should not be punished for recommending the medical use of marijuana to seriously ill people, and seriously ill people should not be subject to sanctions for using marijuana if the patient's physician has told the patient that such use is likely to be beneficial."

- The United Methodist Church

Instead of supporting state efforts to effectively regulate medical marijuana in accordance with Prop 215, the Obama administration seems committed to re-criminalizing it. This destructive attack on medical marijuana patients is a waste of limited law enforcement resources and will cost the state millions in tax revenue and harm countless lives. I urge President Obama to reconsider this bad policy decision and respect California's right to provide medicine to its residents.

- Assembly member Tom Ammiano (D-San Francisco)

"The federal government has decided to prosecute those people in states which have made medical marijuana legal for violation of federal law. All we are saying is, give us a chance to make medical marijuana available to those whose physical condition needs it. It's a humanitarian need... I call upon Congress and the Obama administration to allow states like California -- which have recognized the humanitarian need for medical marijuana -- to allow us to meet that need without federal interference. It's all we're asking."

- Bob Filner Mayor of San Diego & Former Member of U.S. Congress



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Advancing Legal Medical Marijuana Therapeutics and Research