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(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2009-10
(session year)

Senate
(Assembly, Senate or Joint)

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

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
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INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

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

* Contents organized for archiving by: Stefanie Rose (LRB) (June 2012)

STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

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TO: Members, Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue; Assembly Committee On Public Health

FR: Attorney General J.B. Van Hollen

DT: December 15, 2009

RE: Opposition to 2009 Senate Bill 368 and 2009 Assembly Bill 554 Relating to Use and Distribution of Marijuana

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I write today to apprise Committee Members of my opposition to SB 368 and AB 554. I oppose these bills because if enacted they would: (1) permit the largely unregulated use of marijuana, further exposing citizens and communities to the direct and indirect dangers of marijuana use and distribution; (2) reject a well-established, scientific, evidence-based process and regulatory scheme for controlling drugs and permitting them for proven medical uses; (3) "permit" uses that are expressly illegal under federal law, thus inviting citizens to violate United States laws that apply to them; and (4) create serious impediments to the enforcement of state drug laws against those individuals who are not actually involved in the medical use of marijuana, as defined by the bill.

The proposed medical marijuana bill is premised on the belief that those who would benefit from using the drug should be allowed to do so. While we all have sympathy for those who suffer from debilitating conditions, most recognize that:

- Marijuana is a drug with a high potential for abuse;
- Marijuana is distributed through often dangerous criminal enterprises;
- Marijuana is a recognized gateway drug;
- Marijuana is commonly delivered through a dangerous means – smoking; and
- There is no current ability to control dosage, unlike drugs one might purchase over-the-counter or through prescription – and unlike synthetic THC, which a doctor may currently prescribe.

In sum, marijuana can be dangerous to the user, dangerous to our communities, and is incapable of being medically used in a controlled manner.

Federal and state law have a comprehensive system for controlling the delivery and use of drugs. Drugs are scheduled based on their potential for abuse and dependence on the one hand and their medically accepted use on the other hand. Drugs with higher potential for abuse or dependence are more closely regulated throughout the distribution chain.

If a drug has a (1) high potential for abuse; (2) has no currently accepted medical use in treatment in the United States; and (3) lacks an accepted safety for use under medical supervision, it is a Schedule I drug. A Schedule I drug may not be dispensed by a practitioner by direct administration, by prescription, or by dispensing from office supplies. It may only be used in research situations by qualified researchers.

Marijuana is classified as a Schedule I drug. The systems for scheduling drugs on the federal and state level are based on science. While advocates of permitting marijuana for medical use claim its use has medical benefits, it is not lost on me that the avenues they've chosen to liberalize marijuana laws is to appeal directly to legislative bodies and referenda as opposed to the rigors of controlled studies and scientific review.

The question before the legislature is not simply whether marijuana use should be allowed, but whether it should abandon the legislatively created systems set up on the federal and state levels that first, dispassionately and scientifically assess the medical benefits and potential dangers of drugs; and second, sensibly and comprehensively control the distribution of drugs that, while providing benefits, have dangers as well. Medical uses should only be permitted *if* the regulatory bodies vested with the authority to review controlled substances find that there are accepted medical uses, and then its use should only be permitted subject to the comprehensive regulatory schemes that already have been established. The bills before the legislature include none of the regulatory features that accompany pharmaceutical production and sales in the United States. Under the bills, doses are not controlled; label information is not supplied to the user; there isn't even a need to go to the doctor to have an affirmative defense against prosecution.

I am also against this proposed legislation because if it passes, it invites Wisconsin citizens to violate federal criminal law. Make no mistake, the marijuana possession permitted by the bill to a user or caregiver is illegal under federal law, with penalties of up to five years in prison and a fine of up to $250,000. The possession and distribution activities of individuals at "compassion centers" are potentially subject to even greater penalties. To be sure, it is not necessary for Wisconsin to create criminal penalties and state enforcement mechanisms for every activity criminalized by federal law. But here, the bills facilitate the state's *licensure* of serious federal crimes.

Finally, I object to this bill because the weak regulatory system invites crime and also poses extraordinary challenges to law enforcement. The bill's unnecessary infringements on law enforcement and regulatory shortcomings are numerous; I will list a few:

- The bill provides an affirmative defense to marijuana prosecutions even when a "qualifying patient" is not registered – bad enough, but even worse, a defendant may assert the defense when they do not have a doctor's note stating that marijuana use would be beneficial to the patient outweighs likely harms associated with use. From the law enforcement and prosecution perspective, this invites an affirmative defense in nearly every marijuana prosecution because of the very broad range of "debilitating medical conditions" listed in the bill. "Medical use" becomes a post-hoc rationalization of defendants – and there is no way for law enforcement to access medical records in advance of the defense being

asserted. This in turn causes a considerable increase in the expected cost and time to prosecute.[1]

- There is no requirement for primary caregivers to register for them to have an affirmative defense to prosecution. This means there is no objective standard for law enforcement to determine whether an individual holding himself out as a "primary caregiver" is entitled to possess marijuana he may have. This will make investigations and prosecutions considerably more difficult, resource-intensive, and expensive.

- The bill would allow a "primary caregiver" to potentially possess up to 60 marijuana plants and 15 ounces at any given time. If we assume a plant yields a pound, this could produce over 54,000 marijuana cigarettes and have a street value of between $40,000 and $250,000, depending on the potency of the marijuana. This amount clearly invites criminal activity. It makes it nearly impossible for law enforcement to distinguish between individuals entitled to possess for medical use and those with a substantial amount of material to illegally distribute. Indeed, it authorizes qualifying patients and primary caregivers to have more product than would conceivably be needed for medical use.[2]

- "Primary caregivers" only need to be 18 years old, may be entitled to an affirmative medical marijuana defense even if they have prior drug or felony convictions, and do not need to provide qualifying patients anything other than marijuana. The lack of requirements allows any person, including those previously convicted of drug offenses, to have lawful access to drugs for no other purpose than to sell them to others.

- There is no limit on the number of "primary caregivers" a patient can have to take advantage of an affirmative defense. This allows a "qualifying patient" to receive marijuana from a limitless number of individuals and also provides those individuals, whether or not registered, to assert an affirmative defense in a marijuana-related prosecution. This makes tracking and prosecuting illegal marijuana distribution and use much more difficult.

- The regulatory system uses "compassion centers" – in essence, cultivation and dispensary centers – to distribute marijuana to patients and caregivers. Amazingly, the bill does not require that a patient be registered to purchase marijuana from a compassion center (a

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[1] From a public health perspective, the fact that one can possess and use marijuana without punishment even in the absence of a doctor's note means users are not even required to see a doctor about marijuana use. Moreover, the lack of a requirement that patients receive permission from their doctors invites users to self-medicate with marijuana rather than visit a doctor. These patients presumably would benefit from doctor's visits to learn about medically-accepted treatments that could provide safer and more effective relief of symptoms or might even cure conditions.

[2] Under the bill, the patient would be allowed to possess 12 plants and 3 ounces of marijuana. Assuming a pound of yield per plant and a half-gram per marijuana cigarette, the user could have almost 30 marijuana cigarettes a day if harvested over the course of the year. Because marijuana plants reach their maturity in far less than a year, this number of marijuana cigarettes a user could manufacture throughout the year is far greater. The potential for abuse is overwhelming.

doctor's note will suffice). The amount of marijuana that a "compassion center" can manufacture and possess, while not specified by the bill, will be extraordinary. The means by which they will get the drug are also unspecified. Dispensaries of this sort have become the largest problem with controlling marijuana distribution and associated crime in states like California and Colorado. "Compassion centers" are not used in other states like Michigan that have medical marijuana laws. The opportunity for criminal mischief and criminal activity in and around "compassion centers" will be high. The difficulty in investigating and prosecuting this activity, already hampered by the bill's other provisions, is heightened by the bill's provision that provides compassion center employees with immunity from arrest or prosecution of any "good faith" action they take under Chapter 50.

- Provisions in the bill limit the power of law enforcement to arrest and prosecutors to charge marijuana-related offenses if they find that certain affirmative defense components are met. To my knowledge, these limitations are without parallel in Wisconsin law.

    - The universally applicable standard is that law enforcement may arrest and prosecutors may charge offenses when probable cause is found. Affirmative defenses are legally recognized excuses or justifications for otherwise illegal acts. Defendants, not prosecutors, generally bear the burden of establishing the applicability of an affirmative defense to a specific case.

    - While it is prudent for a prosecutor to decline to proceed with a case where an affirmative defense has a reasonable probability of success, law enforcement rarely has an opportunity to fully investigate all facts relevant to an affirmative defense at the time of an arrest. Moreover, relevant information is often not available to a prosecutor before a charge is filed – particularly here, where medical records may need to be accessed to demonstrate whether an affirmative defense could be established.

    - These provisions will chill law enforcement efforts to reasonably enforce the law. The limitation on arrest powers potentially expose law enforcement to legal actions, such as false arrest or false imprisonment. Even if those actions are meritless in a given case, public resources will be spent to defend against the actions.

    - In other enforcement contexts where individuals may be entitled to possess a controlled substance, such as enforcing our controlled substances laws against users of prescription drugs (and where properly authorized possession would defeat any charge), we do not have arrest and prosecution prohibitions such as those proposed in these bills. We certainly do not need those limitations in this context.

- The penalty for providing false statements to law enforcement for trying to avoid marijuana prosecution is *less* than the normal obstruction penalty.

I know there are many in the public who view medical marijuana as a step towards legalization of the drug. In my view, it is almost unnecessary to consider whether the bills are a step towards

outright legalization. If the bills are enacted as drafted, law enforcement's and prosecutors' ability to enforce what would still be illegal is seriously disabled and the opportunities for diversion are considerably enhanced.

I also understand there are many who feel that marijuana may yield a medical benefit. These advocates should make their case to the regulatory bodies that scientifically assess the medical benefits and the harms associated with a drug's use. If the science is there, those agencies will permit medical use according to well-established regulations. Taking advantage of existing regulatory structures will also diminish the opportunities for illegal diversion and is the best way to ensure that law enforcement's ability to enforce the law will not be impaired.

For these reasons, I respectfully oppose SB 368 and AB 554.


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WISCONSIN NURSES ASSOCIATION

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TO: Jon Erpenbach, Chairperson of the Senate Health, Health Insurance, Privacy, Property Tax Relief, and Revenue Committee and Chuck Benedict, Chairperson of the Assembly Public health Committee and Committee Members

FROM: Gina Dennik-Champion RN, MSN, MSHA
WNA Executive Director

DATE: December 15, 2009

RE: Support of Assembly Bill 554 and Senate Bill 368 – Establishing a medical necessity defense to marijuana, possession limits and establishing registry and nonprofit distribution centers.

Good morning Chairpersons Erpenbach and Benedict and members of the Assembly Public Health and Senate Health, Health Insurance, Privacy, Property Tax Relief, and Revenue Committees. My name is Gina Dennik-Champion I am a Registered Nurse and I am here today representing the Wisconsin Nurses Association. WNA is the professional association for all RNs in Wisconsin. Thank you for conducting a joint public hearing on AB 554 and SB 368 which addresses the establishment of a medical necessity defense to marijuana, possession limits, establishment of a registry and nonprofit distribution centers. WNA has a history of supporting the legal use of marijuana for medical purposes and therefore in support of AB 554 and SB 368.

Marijuana has been used for centuries for medicinal purposes and was legal in the United States until the Marijuana Tax Act of 1937 prohibited its use (ANA, 2004). While federal laws provide no exception for the use of medical marijuana there are thirteen states that have enacted laws that legalize medical marijuana; and there are several other states that have legislation pending A summary of U.S. government reports on marijuana can be found on the ProCon Organization website at: www.medicalmarijuanaprocon.org/pop/govtreports.htm.

Nationally, there are anecdotal accounts from patients who suggest that marijuana has antiemetic, sedative and analgesic effects as well as the stimulation of appetite and improved food intake. In 1997, a National Institutes of Health panel of experts called for more studies to properly evaluate marijuana's medical potential in five specific areas; analgesia, neurological and movement disorders, nausea and vomiting associated with cancer chemotherapy, glaucoma, and appetite stimulation for persons with AIDS or cancer-related weight loss. (Mathias, 1997). In 1999, the Department of Health and Human Services announced the creation of a new mechanism to provide research-grade marijuana not only for NIH-funded research, but also for scientifically valid research that is funded by other sources (USDHHS, 2002).

An Institute of Medicine (IOM) study team examined reports of medical uses of marijuana for diseases sharing common symptoms such as pain, nausea and vomiting, and muscle spasms.

Conclusions from scientific data indicate the potential therapeutic value of marijuana and its active ingredient, tetrahydrocannabinol (THC; delta-9-THC) for the following:

- Pain relief
- Control of nausea
- Appetite stimulation (Joy, Watson, & Benson, 1999).

Since the IOM report of 1999 there is additional evidence to support the use of marijuana for the following:

- Pain and nausea following chemotherapy (Tramer, Carroll, Campbell, et al., 2001)
- Muscle spasticity associated with multiple sclerosis (Dyer, 2001).

With support from the National Institutes of Health, cutting edge research related to this area is beginning to emerge. For example, Abrams and colleagues (2007) conducted a prospective randomized placebo–controlled trial to determine the effect of smoked cannabis on neuropathic pain. Smoked cannabis was well tolerated and effectively relieved chronic neuropathic pain from HIV–associated sensory neuropathy (Abrams, et al., 2007).

RNs in Wisconsin have reported about how they have heard from their patients about the positive effects of using marijuana to relieve symptoms related to acute and chronic conditions.

WNA is requesting that in Section 31 and Section 35 of the bills, Advanced Practice Nurse Prescriber (APNP) be added wherever the word physician appears. This will be important as the proposal requires a "physician-patient relationship" as the means for certifying that the patient in undergoing a debilitating medical condition or treatment. In Wisconsin, you will find that in many cases the primary provider is an APNP and not a physician. The language needs to reflect that there is a "patient-APNP relationship" and therefore it should be the APNP certifying that the patient in undergoing a debilitating medical condition or treatment. APNPs are RNs who have a Master's Degree or higher in nursing and are prepared as Nurse Practitioners, Clinical Nurse Specialists, Nurse Midwives or Certified Registered Nurse Anesthetists and authorized to prescribe. These nurses are defined in State Statute 441.16.

WNA believes that the time has come for allowing our patients who are in need of relief from pain and other disabling symptoms and who want to use marijuana to assist in that relief should have the legal protections for doing so.

Thank you for allowing me to present WNA's support of AB 554 and SB 368. WNA requests that you act on these bills without delay.

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AIDS Resource Center
of Wisconsin

Leading Wisconsin's Response to AIDS

Testimony of Bill Keeton, Director of Government Relations for the AIDS Resource Center of Wisconsin in support of the Jacki Rickert Medical Marijuana Act (AB 554 and SB 368).

Senator Erpenbach, Representative Benedict and committee members,

I am Bill Keeton, Director of Government Relations for the AIDS Resource Center of Wisconsin. Thank you for the opportunity to testify in strong support of Senate Bill 368 and Assembly Bill 554, the Jacki Rickert Medical Marijuana Act. I speak on behalf of an agency that provides health and social services to 2,300 individuals living with HIV disease. Our Medical Center is the largest provider of HIV medical, dental and mental health care for people living with HIV in Wisconsin.

Today, HIV patients have the prospect for longer and healthier lives provided they have access to quality medical care and strictly adhere to difficult antiretroviral drug treatment regimens. Unfortunately, for many HIV patients, barriers to strict adherence to treatment regimens include the side effects of their medications as well as symptoms resulting from HIV disease itself. These symptoms and side effects are often debilitating conditions and include peripheral neuropathy, wasting, anorexia and nausea. Many HIV patients cite these conditions as reasons why they interrupt or discontinue their antiretroviral drug therapy – and fail to adhere to their treatment plans.

Failure to adhere to HIV treatment plans is dangerous to the long-term health of HIV patients. The effectiveness of the HIV medications is reduced, resistance to the medications may occur and disease progression may intensify.

In assessing this legislation, the AIDS Resource Center of Wisconsin considered two important questions:

1.) Is marijuana use harmful to the immune system of HIV patients?

The answer is no: A study at San Francisco General Hospital showed the use of marijuana did not negatively impact HIV patients' viral load or CD 4 count – two leading indicators of overall health for people living with HIV infection.

2.) Is marijuana helpful to HIV patients?

The answer is Yes:

A. The American Academy of HIV Medicine stated that "When appropriately prescribed and monitored, marijuana can provide immeasurable benefits for the health and well-being of our patients."

B. A study published in the Journal Neurology stated that smoked marijuana 'effectively relieved chronic pain form HIV-associated sensory neuropathy.'

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C. The National Academy of Sciences' Institute of Medicine wrote, 'Nausea, appetite loss, pain, and anxiety are all afflictions of wasting and all can be mitigated by marijuana.'

The use of Marijuana by HIV patients can reduce symptoms of the disease as well as negative side effects of HIV medications. By alleviating these sometimes debilitating conditions, it is more likely that HIV patients will adhere to their medication regimens and gain success with their treatment plans.

The Jacki Rickert Medical Marijuana Act will be a significant help to HIV patients and we strongly recommend your approval of this bill.

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SB 368

PTSD and Cannabis: A Clinician Ponders Mechanism of Action

By David Bearman, MD

One often intractable problem for which cannabis provides relief is post-traumatic stress disorder (PTSD). I have more than 100 patients with PTSD.

Among those reporting that cannabis alleviates their PTSD symptoms are veterans of the war in Vietnam, the first Gulf War, and the current occupation of Iraq. Similar benefit is reported by victims of family violence, rape and other traumatic events, and children raised in dysfunctional families.

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder —once referred to as "shell shock" or "battle fatigue" — is a debilitating condition that follows exposure to ongoing emotional trauma or in some instances a single terrifying event. Many of those exposed to such experiences suffer from PTSD. The symptoms of PTSD include persistent frightening thoughts with memories of the ordeal. PTSD patients have frightening nightmares and often feel anger and an emotional isolation.

Sadly, PTSD is a common problem. Each year millions of people around the world are affected by serious emotional trauma. In more than 100 countries there is recurring violence based on ethnicity, culture, religion or political orientation.

Men, women and children suffer from hidden sexual and physical abuse. The trauma of molestation can cause PTSD. So can rape, kidnapping, serious accidents such as car or train wrecks, natural disasters such as floods or earthquakes, violent attacks such as mugging, torture, or being held captive.

The event that triggers PTSD may be something that threatened the person's life or jeopardized someone close to him or her. Or it could simply be witnessing acts of violence, such as a mass destruction or massacre. PTSD can affect survivors, witnesses and relief workers.

Symptoms

Whatever the source of the problem, PTSD patients continually relive the traumatic experience in the form of nightmares and disturbing recollections. They are hyper-alert. They may experience sleep problems, depression, feelings of emotional detachment or numbness, and may be be easily aroused or startled. They may lose interest in things they used to enjoy and have trouble feeling affectionate. They may feel irritable, be violent, or be more aggressive than before the traumatic exposure.

Triggers

Seeing things that remind them of the incident(s) may be very distressing, which could lead them to avoid certain places or situations that bring back those memories. Anniversaries of a traumatic event are often difficult.

Ordinary events can serve as reminders of the trauma and trigger flashbacks or intrusive images. Movies about war or TV footage of the Iraqi war can be triggers. People with PTSD may respond disproportionately to more or less normal stimuli —a car backfiring, a person walking behind them. A flashback may make the person lose touch with reality and re-enact the event for a period of seconds, hours or, very rarely, days. A person having a flashback in the form of images, sounds, smells, or feelings experiences the emotions of the traumatic event. They relive it, in a sense.

Symptoms may be mild or severe — people may become easily irritated or have violent outbursts. In severe cases victims may have trouble working or socializing. Symptoms can include:

- Problems in affect regulation —for instance persistent depressive symptoms, explosion of suppressed anger and aggression alternating with blockade and loss of sexual potency;
- Disturbance of conscious experience, such as amnesia, dissociation of experience, emotions, and feelings;

• Depersonalization (feeling strange about oneself), rumination;
• Distorted self-perception —for instance, feeling of helplessness, shame, guilt, blaming oneself, self-punishment, stigmatization, and loneliness;
• Alterations in perception of the perpetrator —for instance, adopting distorted beliefs, paradoxical thankfulness, idealization of perpetrator and adoption of his system of values and beliefs;
• Distorted relationship to others, for instance, isolation, retreat, inability to trust, destruction of relations with family members, inability to protect oneself against becoming a victim again;
• Alterations in systems of meaning, for instance, loss of hope, trust and previously sustaining beliefs, feelings of hopelessness;
• Despair, suicidal thoughts and preoccupation;
• Somatization —for instance persistent problems in the digestive system, chronic pain, cardiopulmonary symptoms (shortness of breath, chest pain, dizziness, palpitations).

• Cannabis

Ample anecdotal evidence suggests that cannabis enhances ability to cope with PTSD. Many combat veterans suffering from PTSD rely on cannabis to control their anger, nightmares and even violent rage. Recent research sheds light on how cannabis may work in this regard.

Neuronal and molecular mechanisms underlying fearful memories are often studied in animals by using "fear conditioning." A neutral or conditioned stimulus, which is typically a tone or a light, is paired with an aversive (unconditioned) stimulus, typically a small electric shock to the foot. After the two stimuli are paired a few times, the conditioned stimulus alone evokes the stereotypical features of the fearful response to the unconditioned stimulus, including changes in heart rate and blood pressure and freezing of ongoing movements. Repeated presentation of the conditioned stimulus alone leads to extinction of the fearful response as the animal learns that it need no longer fear a shock from the tone or light.

• Fear Extinction

Emotions and memory formation are regulated by the limbic system, which includes the hypothalamus, the hippocampus, the amygdala, and several other structures in the brain that are particularly rich in CB1 receptors.

The amygdala, a small, almond-shaped region lying below the cerebrum, is crucial in acquiring and, possibly, storing the memory of conditioned fear. It is thought that at the cellular and molecular level, learned behavior —including fear— involves neurons in the baso-lateral part of the amygdala, and changes in the strength of their connection with other neurons ("synaptic plasticity").

CB1 receptors are among the most abundant neuroreceptors in the central nervous system. They are found in high levels in the cerebellum and basal ganglia, as well as the limbic system. The classical behavioral effects of exogenous cannabinoids such as sedation and memory changes have been correlated with the presence of CB1 receptors in the limbic system and striatum.

In 2003 Giovanni Marsicano of the Max Planck Institute of Psychiatry in Munich and his co-workers showed that mice lacking normal CB1 readily learn to fear the shock-related sound, but in contrast to animals with intact CB1, they fail to lose their fear of the sound when it stops being coupled with the shock.

The results indicate that endocan-nabinoids are important in extinguishing the bad feelings and pain triggered by reminders of past experiences. The discoveries raise the possibility that abnormally low levels of cannabinoid receptors or the faulty release of endogenous cannabinoids are involved in post-traumatic stress syndrome, phobias, and certain forms of chronic pain.

This suggestion is supported by our observation that many people smoke marijuana to decrease their anxiety and many veterans use marijuana to decrease their PTSD symptoms. It is also conceivable, though far from proved, that chemical mimics of these natural substances could allow us to put the past

behind us when signals that we have learned to associate with certain dangers no longer have meaning in the real world.

What is the Mechanism of Action?

Many medical marijuana users are aware of a signaling system within the body that their doctors learned nothing about in medical school: the endocan-nabinoid system. As Nicoll and Alger wrote in "The Brain's Own Marijuana" (Scientific American, December 2004):

" Researchers have exposed an entirely new signaling system in the brain: a way that nerve cells communicate that no one anticipated even 15 years ago. Fully understanding this signaling system could have far-reaching implications. The details appear to hold a key to devising treatments for anxiety, pain, nausea, obesity, brain injury and many other medical problems."

As a clinician, I find the concept of retrograde signaling extremely useful. It helps me explain to myself and my patients why so many people with PTSD get relief from cannabis.

We are taught in medical school that 70% of the brain is there to turn off the other 30%. Basically our brain is designed to modulate and limit both internal and external sensory input.

The neurotransmitter dopamine is one of the brain's off switches.The endocannabinoid system is known to play a role in increasing the availability of dopamine. I hypothesize that it does this by freeing up dopamine that has been bound to a transporter, thus leaving dopamine free to act by retrograde inhibition.

By release of dopamine from dopamine transporter, cannabis can decrease the sensory input stimulation to the limbic system and it can decrease the impact of over-stimulation of the amygdala.

I postulate that exposure to the PTSD-inducing trauma causes an increase in production of dopamine transporter. The dopamine transporter ties up much of the free dopamine. With the brain having lower-than-normal free dopamine levels, there are too many neural channels open, the mid-brain is overwhelmed with stimuli and so too is the cerebral cortex. Hard-pressed to react to this stimuli overload in a rational manner, a person responds with anger, rage, sadness and/or fear.

With the use of cannabis or an increase in the natural cannabinoids (anandamide and 2-AG), there is competition with dopamine for binding with the dopamine transporter and the cannabinoids win, making a more normal level of free dopamine available to act as a retrograde inhibitor.

This leads to increased inhibition of neural input and decreased negative stimuli to the midbrain and the cerebral cortex. Since the cerebral cortex is no longer overrun with stimuli from the midbrain, the cerebral cortex can assign a more rational meaning and context to the fearful memories.

I have numerous patients with PTSD who say "marijuana saved my life," or "marijuana allows me to interact with people," or "it controls my anger," or "when I smoke cannabis I almost never have nightmares." Some say that without marijuana they would kill or maim themselves or others. I have no doubt that cannabis is a uniquely useful treatment. What remains is for the chemists to determine the precise mechanism of action.


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SB 368

Hi, my name is Kelly and I'm disabled.

When living in Milwaukee during Spring of 1993 I was poisoned by cryptosporidium in the city's drinking water and my immune system was destroyed. I was horribly sick for over a year but fought back to try to keep working, off and on due to recurrent illnesses, for almost another fourteen years.

In 2003 I received a diagnosis of fibromyalgia and by 2006 was no longer able to work.

I have also just recently been diagnosed with CRPS: Complex Regional Pain Syndrome (formerly known as: RSD: Reflex Sympathetic Dystrophy) an extremely painful and potentially crippling illness.

The doctors I have seen don't know what causes it, it can occur suddenly as a result of injury or for no reason at all, and there is no known cure only treatment.

The pain is excruciating.

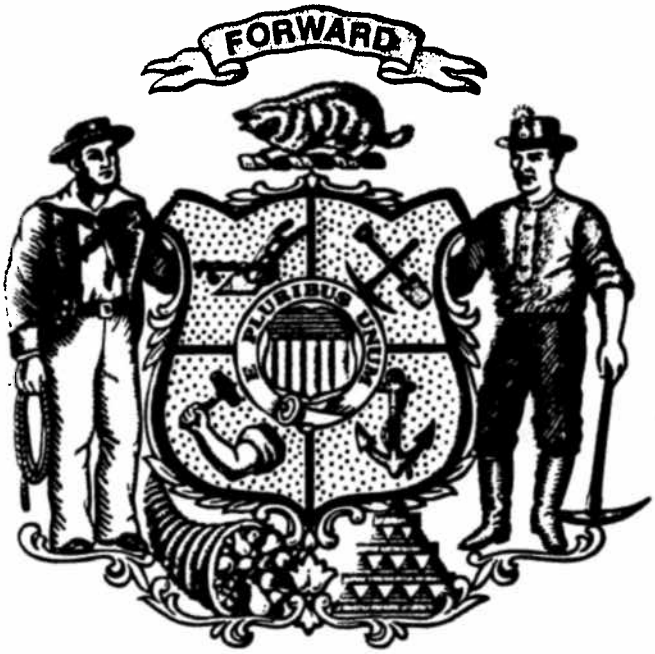
How many of you here today experienced horrible pain just trying to put on your socks this morning? Socks?!

Due to the nature of my condition and my extreme chemical sensitivities I experience debilitating adverse reactions to most commonly prescribed synthetic pain medications. There is only one I can presently tolerate and I need to take additional medication to counteract the side-effects.

Were I to have the option of legally prescribed medical marijuana I could reduce my pain medication and the horrible side-effects that it causes.

Were I to have the option of legally prescribed medical marijuana I could have a higher quality of life within the limitations of my disability.

I believe it is unconscionable to criminalize patients who find therapeutic relief from medical marijuana, and I urge you to support the Jacki Rickert Medical Marijuana Act.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SB 368

I submit this letter as written testimony in support of the Jackie Rickert Medical Marijuana Act.

I have Epilepsy, which was diagnosed in 1970 at age 20. I have been treated by a number of Neurologists since first diagnosed with this disability. I have tried various seizure control medications such as Dilantin, Tegretol, Depakote, Keppra, Lamictal, Topomax and Neurontin. Since I have not been totally free of seizures for 39 years, I would be interested to try, with a Doctor's recommendation/prescription, Medical marijuana and determine if it could help with my condition. At this time, because Marijuana is not recognized as a legal medical alternative in Wisconsin, I and others with this condition will not know if it may be the answer to alleviating or treating seizures.

As a full time Chaplain, I work for Sacred Heart Hospital in Eau Claire Wisconsin. I work closely with patients, diagnosed with severe terminal conditions, who may also benefit by having at their avail an alternative medicine to alleviate a multitude of symptoms and side effects related to their conditions. Patients who receive Hospice and Palliative Care services in particular have much to gain by passage of this Act. Medical marijuana has been proven in 13 other States to have positive medicinal results for people who are faced with end stage cancer. Medical marijuana may give relief where current treatments do not work effectively. Many of these patients receive highly addictive drugs such as morphine and others that may or may not help with symptoms such as pain, nausea and the inability to eat to name a few.

I am not a physician and will not say it will help everyone. As in any medication, each patient may experience different results.

I see passage of this Act as a health care alternative and benefit for many people in the State of Wisconsin.

David S. Lato
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FORWARD
E PLURIBUS UNUM

Medical Use of Marijuana.

I am a lifelong resident of Wisconsin. A parent of two sons. Patrick is about to turn 19 and Aaron would be 22.

Marijuana crept into our family six years ago. It debilitated Aaron at 16 and played a role in his death at 18. My business is not recovery treatment, but my volunteer work is with teens and young adults in recovery. Our family started a project known as The Aaron Meyer Foundation, which created and manages Aaron's House in Madison—a home for young men in recovery from substance use addiction.

The stated purpose of these bills is to allow possession of marijuana to treat "debilitating medical conditions".

Teenagers at odds with parents over the dangers of marijuana are paying close attention to this hearing.." Regardless of the stated intent of these bills the message is: Weed is safe. Wisconsin is going to legalize weed.

I think the young people are way ahead of the adults to a certain extent. They see the bills for what they are—A cover to legalize possession of marijuana.

As a parent of a former marijuana addicted teenager I'm not surprised this idea of legalizing possession of weed is having its day in the Wisconsin legislature. I'm not surprised because---With patient pressure, and armed with what appear to be reasonable arguments, the marijuana drug culture is at **its** best softening and confusing smart people. The drug pushers are masters at manipulating sympathy and diverting attention. I also would not be surprised if you legislators, hearing the wonders of THC, might be just as perplexed as any of us parents who blinded by the simplicity of the creepy drug culture.

These Bills are wolves in sheep's clothing.

The legislative system is being used by the drug culture the same way kids and parents are befuddled before the chaos of addiction destroys their lives. You almost don't see it coming. But extensive pain is the
not-so-hidden killer lurking in the weeds.

The war on drugs has certainly accomplished turning addicts into criminals. That's a problem which can be fixed. Legalizing one more intoxicant in a state with more outlets for intoxication than education is not part of the solution.

A vote in favor of moving these bills anywhere but dead is a step toward expanding suffering from one illness to another. If smoking weed offers relief to symptoms of serious illness, then please consider if providing temporary relief to some is worth expanding permanent pain of addiction to many.

Legal forms of THC exist for relief of medical symptoms. If the present form options are not satisfactory, pharmaceutical solutions exist and those solutions don't allow the average pothead to play pharmacist.

Relatively few patients want to self prescribe burning a bowl to ease a pain.

You as a legislator can not manufacture addictive weed into a drug solution for one or two discomforts without spreading another disease.

I understand in the worst cases the illnesses you are considering alleviating Legalizing possession of a little bit of weed will expanding the trafficking of weed. with a weed prescription are debilitating. The debilitating addiction to THC has no medical solution.

I've looked at the problem of pain from the only perspective I have: the pain of a dad who lost a son once to marijuana addiction-- and then to final death.
What I've found is this: people who suffer life situations and afflictions tend to have an attitude of compassion for people who suffer. All over the globe pain survivors have a common thread—they typically would not accept temporary relief from their struggle if that relief means expanding permanent or even temporary suffering to others.

Don't be fooled by the marijuana drug culture. Please file these bills and end the discussion of legalized marijuana in Wisconsin.

Tom Meyer
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AB 368

Testimony of Mary Powers

Mary Powers was a disabled Army vet, cancer/AIDS/HepC sufferer and medical cannabis patient-activist. She and I visited over 80 Capitol offices in 2009 and she lobbied up to 2 weeks before her death on Oct. 22. Mary ran out of time. This bill comes too late for her. Please read the testimony she entrusted me to deliver to deliver to you. – Gary Storck

Mary Powers

"Cannabis has enabled me to still have a life. It takes my pain away, helps me to have an appetite, and keep my AIDS meds down. My doctors all support the use of cannabis. It has helped with my depression. I use a vaporizer, pills, tinctures. When I medicate, I can at least do the things that are important. It's Mother Nature, not toxic like some of the meds I have to take. I'm just a person with 3 diseases and am in a wheelchair and I care. I have been very involved in this issue for years, meetings, talking and I'll tell you I'm tired and I'm running out of time but I'll keep going to get it legalized as long as I can. I choose Mother Nature because it works." -- Mary Powers, 1959-2009

My Name MARY. IM 50 yr old ALSO
A disabled Veteran with 101st Airborn
I suffer with Aids, Hep B & C, AsthmA, depression
AND Cancer. I WAS first introduced to the
medicail benfits with CANNABIS IN 1993 As
HIV went into Aides I WAS suffering A lot of
PAIN, NAUSEA with the meds My friends introduced
me to the medical benifits AND it does make a
difference. Meanwhile my doctors put me on
many Morphine Patch, Morphine tablets, Percodans, Soma
Valiums. All those meds did WAS destroyed
many brain cells AND WAS also very toxic to
my hep B & C. I also could NO longer be
SAFE AT my home even with a caretaker.
The last thing I can remember WAS moving
in the NURSING home AND back in the
hospital once again. I have NO memory ON
how I flew home to WISCONSIN, AND back again
to the hospital I went. I WAS diagonised
with organic BRAIN sydrome AND sent to
A foster home hospice for Aides 24 CARE. Some
CONCERNED friends took me to thier house For
A weekend AND Never returned back. My friend
is a NURSE. So they slowly took pains meds
away AND used CANNABIS, baked items first:

AND then smoking it. At last I became a human again where I could ~~Become~~ Finally be a productive person AND could read AND think again Moved back to Madison and had to back up with Aides doctor. The Doctor I saw could not belive his eye when he saw me. I told him cannibis was very helpful then toxic pain meds did to me. Held it together as best I could AND started having other health issues the doc confirmed that I had colon cancer Stage 3. I went to radition that made me feel like burnt toast afterwards, puking and many painful products. I even was desparte enough to try a cancer hospital where the treatment was horribly painful also didnt work During this treatment I used cannibis so I could function to get out bed, control the puking For some reason thats in Remission AND the tumor hasnt grown. Im a true believer and a surviver to see how effective cannibis is. The doctors also had me go on Inferon for my liver that also didnt work because I had reaction. Then This year I had Lung Surgery. They discovered cancer Stage 2. So the fun begings after

surgery the pain drugs made my bowels to brouk down AND ta tube WAS up down my Nose to my stomache The doctor decided to go the lowest chemo dose. I got a cather in my chest AND started treatment. Chemo is so rough ~~All I wanted to do is puke~~ its painful. NO energy. Sick and really cant function. Chemo is so toxic that I have to stop Now because it is also killing me health wise. CANNIBIS HAS enabled me to still have a life. It takes my pain away helps me to have a appite and keep my aides meds down. My doctors all support the use of CANNIBIS. I have seen how well its help M.S. AND it has helped me with my depession. I use a ~~vaporicer~~ Vaporizer, pills tincture. I ~~suptror~~ support Medicinal use. When I can medcate I can atleast do the thing that are important. ~~AND NOT~~ so ~~damaging~~. I am a very active person For this need AND also my other Advocate with Aides. The Time is NOW

to Legalize it. ITs Mother Nature not toxic like some of meds I have to take. I dont abuse drugs I'm just A person with 3 diseases AND AM IN a wheelchair AND I care. I have been very involved IN Madison for 3 years meetings, talking AND I'll tell you I'm tired AND I'm running out of time but Ill keep going to get it Legalize AS long CAN. I Choose Mother Nature because it works

Mary McGowen


FORWARD
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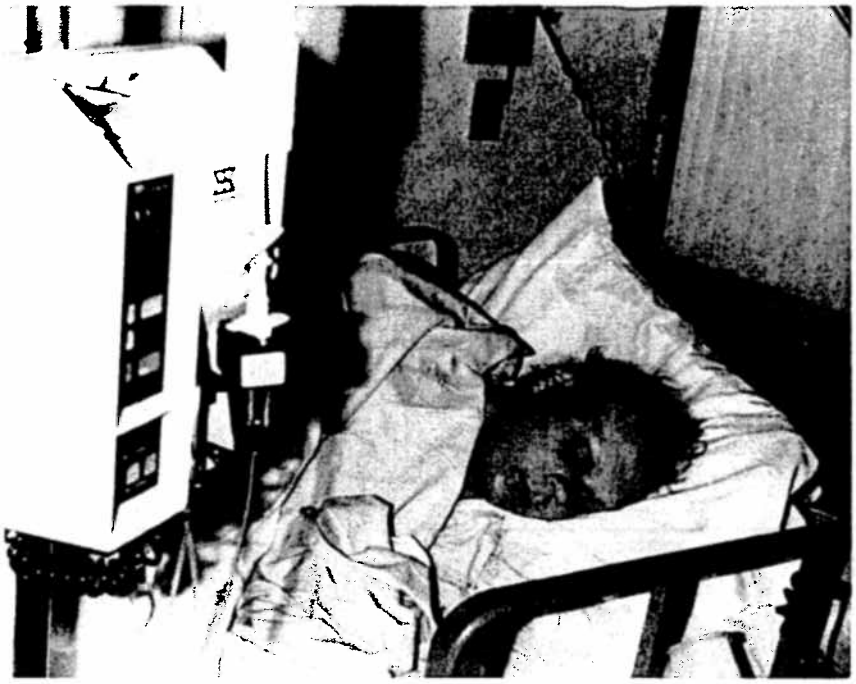

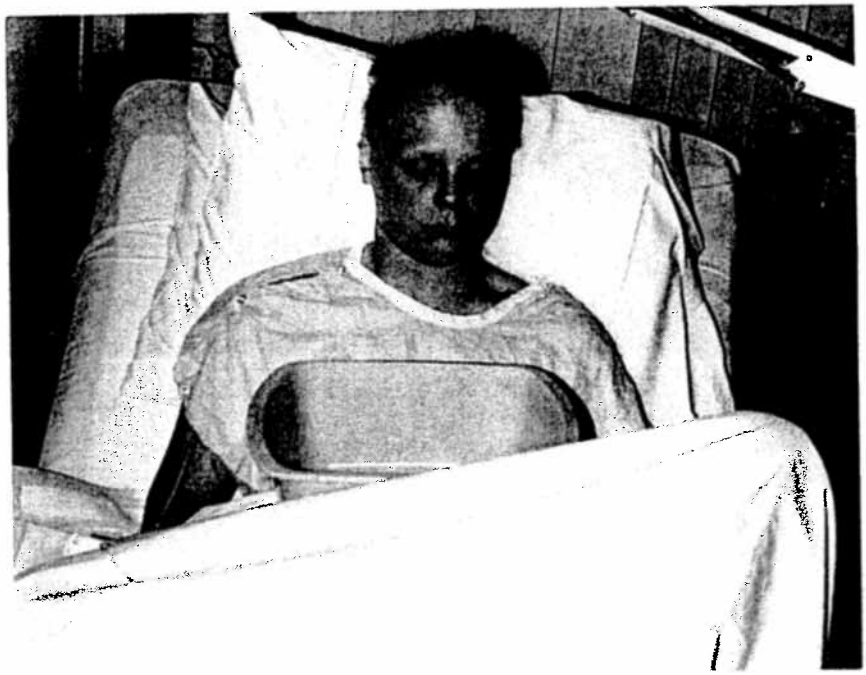

3rd round of 12 chemotherapy sessions

Honorable members of the committees, I want to thank you for your time here, and I'm honored to speak with you TODAY.

In January of 1989, I was diagnosed with cancer at the age of 17. In March of 1989, I celebrated my 18th Birthday starting my first of 12 sessions of chemotherapy, at the University Hospital here in Madison.

My physical reactions to the chemotherapy were severe. By only the third session of chemotherapy, I had lost most of my hair, including my eyebrows, eyelashes, and body hair. I lost my appetite for food, and not only was I having extreme difficulty with drinking fluids; nausea added to my suffering.

I had to wear an adult diaper during my chemotherapy sessions for I had no control of my bowel or urinary movements. Projectile vomiting was what my body did, over and over, until there was nothing left to hit the wall with; and yet my body still continued to dry heave, writhing and gagging. At times it was even hard to gasp for air due to the extreme repetitive dry heaving. It was at this time in my life I found myself losing hope.

The Doctor's prescribed me marinol, the synthetic-pill form of marijuana. The marinol never had a chance to work because I would just throw them back up, undigested. My Doctors again increased my anti-nausea medications through the Hickman catheter that was hanging outside of my chest. I still continued to suffer the same difficulties.

I was now back at home, preparing to return for my fifth chemotherapy session. I was severely depressed and contemplating suicide. I then got a visit from a friend. He suggested to me at that I try smoking Marijuana to combat the nausea and to help give me my appetite back so I could eat and drink fluids.

After talking with my Doctors, they agreed with my decision to smoke marijuana when I was home. My Doctors also allowed me to discreetly smoke it inside my room at the University Hospital here in Madison, during my chemotherapy sessions.

When I started smoking marijuana, I instantly started getting some relief from my nausea, there was no waiting for a pill to digest. To me, it felt miraculous. I began to feel hope returning to me; I felt a turning point in my life, and I slowly regained the personal strength to get through this cancer that I did not choose to receive, yet had no choice but to bare, fight, and go through day after day, week after week, month after month.

My thoughts of suicide disappeared, and I even began to gain weight from having the ability to have an appetite again. I was also able to drink multiple glasses of water everyday, rather than just few sips. It is very important for all chemotherapy patients to drink copious amounts of water in order for their bodies to be able to flush out the poisons.

The medicine that marijuana contains not only helped me to survive on a day-by-day existence; it helped me maintain some dignity and quality of life. I watched my family and friends hope for my prognosis change for the better as well, for they were happy for me that I was able to find some relief, from smoking marijuana, from the suffering they witnessed me go through day by day.

Following my chemotherapy, I received radiation for 2 months/5 days a week. My skin was burning day after day and changing to a reddish-purple color; and I continued to suffer from nausea. My Doctor approved my use of marijuana throughout the course of my radiation treatments as well.

I hope TODAY everyone sees the compassion behind, within, and leading this JRMMA Legislation. I hope and pray they see the

benefits of the medicine that marijuana brings to those who suffer on an hourly, daily basis, from the numerous debilitating diseases that happen to them by chance; nobody chooses to suffer from any disease.

I know first hand that marijuana is an effectively great medicine, unlike anything I have ever had, and I believe that everyone should be given choices for medicines to help relieve their suffering; allowing them some quality of life with dignity.

Please keep in mind, not only would passing the JRMMA Legislation create a safe, regulated dispensary for those of us who are suffering; passing this Legislation also ensures a safe dispensary for those who, in the future, will also be diagnosed with debilitating diseases.

In closing, honorable members of the committees, we are not criminals, we are the sick and the dying, we are the disabled and the debilitated, we are the stricken and afflicted; and we did not choose to be suffering, we were chosen to suffer. We gather here TODAY, with hopes and prayers, and we ask you to please pass this JRMMA Legislation, and allow safe access of this medicine to those of us who need it, without the fear of criminal prosecution.

Self-preservation isn't a crime. I honestly believe the only crime here is not giving more options for relief to the sick and dying.

Thank you for your time honorable committee members and please remember Mary Powers.

Respectfully,

Randall Prazuch

My husband is a cancer survivor. While I was not with him during the time he was affected, I was with him when he once again became sick later in life. Shortly after we were married my Husband became ill. He suffered with nausea, horrible, migraines and debilitating bouts of vertigo. He was forced to quit his job, no longer able to drive, and could often not eat for days. We saw doctor after doctor, all of them puzzled by what the problem could be. Not only could we not find answers, we could not find him relief. I remember on one of the lowest days coming home from work to find him laying on the shower floor. I asked him what he was doing, he replied" I can't drink, and I'm so thirsty, I'm just hoping my skin can absorb some of the water" "My body needs water so badly, and I can't keep anything down." He was dehydrated and defeated. When you can't help someone you love it it's devastating. When you know how to help them, but are told it's illegal, it's maddening. My husband's doctors had already prescribed him marinol, but like so many others his body could not keep them down. I was faced with two options, sit and watch my husband suffer, or do something illegal. Neither choice was a good one. If I could, I would move heaven and earth for him, I was willing to do anything to ease his suffering.

Finding the medicine he needed was not an easy task. I have never used marijuana; I've never even smoked a cigarette. The places I

had to go to get it were unsafe and actually made me fear for my life. But when you love someone, you do whatever it takes. Passing JRMMA would allow for there to be safe distribution of this necessary medicine. Legalizing medical marijuana would mean you would no longer have to meet a stranger in his car at night. Or go into a home where you can see drugs and guns all around you. This medicine saved my husbands life, and he used it with approval and encouragement of his doctors. After three years of searching for answers we got one, my husband had a tumor on his thyroid, while it was not cancerous, his thyroid had to be completely removed. The tumor was caused by all the chemotherapy and radiation he had endured during his previous cancer treatments. The day after surgery his life began to turn around. His pain began to go away, he was able drive again, and I never had to risk my life once again to find him medicine. He has not smoked marijuana since that day. I'm asking you to please consider passing this bill, first and foremost for the people who are suffering and desperately want relief. But, also for the families of these victims. The families who risk losing their jobs, being arrested, or worse all in the name of compassion.

Respectfully -

Britanny Prazuch


FORWARD
E PLURIBUS UNUM

AB 368

Mark Scheuer
755 Braxton Pl apt A301
Madison WI 53715
(608) 294-9880
m-scheuer@sbcglobal.net

Re: Medical Marijuana

Dear Committee Members.

I broke my neck in 1984 and have been confined to a wheelchair since then. A fluid filled cyst has formed along the part of my spinal cord that is damaged, so I experience a lot of neuropathic or "ghost" pain. In addition to the ghost pain is some very real pain. Wheelchairs are ergonomic nightmares. By evening my back and butt really hurt, and the more pain I'm in, the more muscle spasms I seem to have.

Over the counter pain meds like Advil don't work very well, even in large doses, and they give me heartburn. Opiates make me drowsy and constipated. However, if I take a few puffs of marijuana, the pain and spasms bother me a lot less and I can get stuff done around my apartment instead of lying down.

I look forward to the day a better pain med comes along. Until then, I would like to be able to use marijuana to ease my aches and pains without worrying about going to jail for using the pain medicine that works best for me.

Thank You,

Mark Scheuer


FORWARD

WI State Representative Mark Pocan
Room 309 East, State Capitol
PO Box 8953
Madison, WI 53708
608 282 3678

Dear Representative Pocan,

I'm sorry that I can not be at the hearings today, as this is an issue I'm very invested in. I've been working in the substance abuse field since the mid '70's and am now an Addiction Psychiatrist. Many of the people I've seen over the years have used Cannabis responsibly and with beneficial effects on pain, anxiety, depression, PTSD, etc. despite having had difficulties with other substances. Many have stated that they are better able to resist urges to use their primary substance of abuse if they smoke Marijuana. This is supported by research conducted in Europe in which they've found success in reducing drinking and use of Opiates and Cocaine with the administration of Cannabis.

In the Veteran population I've treated over the past 30 years there have been many that have described benefit from Marijuana in reducing their symptoms. They function better, are better able to interact socially, and experience decreased anxiety. This too has been supported by European research.

What about US research? It has been nearly impossible to conduct appropriate research on Cannabis in this country for the past 40+ years due to attitudes. We must rely on research done elsewhere as a result, and the research is overwhelmingly in support of the positive benefits of Marijuana in certain conditions.

What about negative consequences? Research (some of which has been conducted in the US) has shown that the typical symptoms of memory impairment resolve completely after two weeks of discontinuation even in the heaviest of smokers.

The myth of Pot being a gateway drug has been disproven in multiple studies. The recent concern about Marijuana contributing to the development of Psychotic disorders is not supported by the existing research, but has rather been assumed to be a factor.

The medications we currently prescribe for these various conditions typically have much more in the way of side effects, and many have potentially irreversible and lethal effects.

Again, I apologize for not being able to attend today's hearing. Please, feel free to distribute this as you wish.

Jeffrey Schiffman, MD
Madison, WI

Senator Jon Erpenbach

8 South, State Capitol
P.O. Box 7882
Madison, WI 53707-7882

(608) 266-2508

Dear Senator Erpenbach,

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Jeffrey Schaffman, MD
Madison, WI


FORWARD
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SB 368 Jeremiah Selthofner

During my childhood I suffered abuse, both physical and mental from other related and non-family adolescents. Our family also had a tragic event involving the deaths of three close relatives. During my pre-teen years I was lured and assaulted by strangers. Counseling helped, but my trust was soon shattered by yet again bullying and abuse in my early teens by a classmate during high school. Shortly after graduating from high school I was re-visited from the past by an abuser, who left me a permanent memory of his viciousness with fake teeth and almost losing an eye.

I had a hard time dealing with trusting anyone, including family members. I found certain situations always stressful, I could not go to any place alone. I was unable to leave fimilar surroundings, even passing up many tuition scholoarships. I stayed living at home until I was almost 22 years old. I continued to suffer from situational anxiety, trouble sleeping with night sweats and nightmares.

I witnessed everyone else use alcohol, I soon turned to it also. I had a family member step into my life and advise me, and show me, that drinking was no means a way to help my situation. I was introduced to marijuana rather than to drink alcohol or use other drugs.

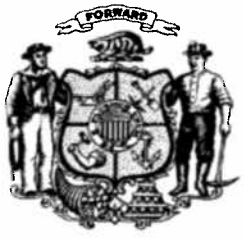
My marijuana use in my early life I believe was two fold; the first to help with my symptoms of PTSD and the second as a detorant against other drugs. Using marijuana did seem to block feelings of anxiety and make me relax, but yet allowed me to think very clearly, almost making better choices.

Because there are trigger events and situational anxiety present everywhere, using marijuana consistently throughout the day allows me to function as a normal person. I smoke marijuana, but prefer to "vaporize" during the day. I also consume edibles made with marijuana butter. Just the fact that the day is over does not mean my symptoms end. Studies have shown sleep and rest are essential to both physical and mental health so I continue my use of marijuana use at night and right before I go to sleep. I am able to wake up without medication hangover like other sleep aides and am able to be alert and react quickly. I am raising three children and was a vital part of their early years.

Although marijuana use alone was not by any means a cure for PTSD, it aides me greatly sleep problems, overcoming feelings of emotional detachment and numbness, controlling suppressed anger, situational anxiety and distorted self perceptions (shameful, lonely, guilty). Using marijuana has giving me the motivation and courage to be steadily employed, a homeowner, taxpayer, husband, father of three, an activist and a productive member of our community.

I would hope that medical marijuana will become available to patients like myself to use as an treatment option with their personal physciains. I would hope that regulation and control would lead to pure and quality marijuana available to all, as well as additional options for consumption and advanced research. I know that life has stresses, but take into account that the fear that obtaining and using a medication that is illegal is ridiculous and unneeded stress on patients, but thankfully is easily outweighed by the benefits of this plant.


WISCONSIN STATE LEGISLATURE


FORWARD

SB 368

MARV SIMONIS – 4/9/50 TO 11/25/97

I am Marv's wife, Jan, and we lived together for about 2 ½ years and were married for 25 years and had two awesome sons, Isaac and Heath. Marv lived life hard and with compassion for others, probably because somehow he knew he didn't have a lot of years on this earth.

I found out in 1989 after donating blood that I was infected with the hepatitis-C virus and was told in a letter to have all my family members tested. Thank God that our sons were negative, but Marv was infected, and had elevated liver enzyme blood tests. Not a whole lot was known at that time about hep-c, and we were told not to worry about it, that we were probably just 'carriers' and not 'active', whatever that meant!

In 1991 I graduated from Chippewa Valley Technical College in Eau Claire (we lived in Mondovi, WI, where Jacki Rickert lives, although we did not know her at that time) and our older son Ike graduated from high school the same year and was enrolled in UW-LaCrosse. I had accepted a job at Sentry Insurance as a programmer/analyst and spent the summer of '91 in training for that position along with 15 other people. Heath and Marv joined me in Stevens Point in time for Heath to start at SPASH, the largest high school in Wisconsin. He was not a happy camper, to say the least.

Marv began to have physical problems—severe sweating, water retention, extreme fatigue during the day and constant acid indigestion. He didn't complain of these symptoms, though, but I certainly took notice of them. Then we read an article in a newspaper about hepatitis-c, the 'silent killer', which scared us. It showed a man who looked to be quite healthy who was on the liver transplant list, and his symptoms were not as bad as Marv's! So Marv went to Wausau to see his internal med Dr. and he found that Marv had diabetes, and he also ran a liver enzyme panel on him and his numbers were off the chart. He ordered a liver biopsy (no valium or other sedative was used and the Dr. doing the biopsy was in his street clothes) and the diagnosis was end stage liver disease—cirrhosis is end stage. Quite a shock! We then began commuting to Madison University Hospital for extensive testing for Marv's suitability as a candidate for a liver transplant. Verdict: Yes, he was put on the list.

He soon developed more outward signs of his disease—yellowing of his skin and eyes, sores developed on his arms and legs that healed slowly, if at all, weight loss due to almost constant nausea, and forgetfulness, mainly short term memory loss. The nausea was very bothersome to Marv, and cannabis relieved it the best, so Marv started an indoor garden, then transplanted the seedlings to his hunting land in a remote area. His land was also where he spent a good part of his day communicating with the Lord and enjoying nature. I believe this kept Marv going longer than he would have otherwise. I'm not sure how we met Jacki Rickert, but we did and then Marv had another purpose in his dwindling world—to try to legalize medical marijuana in Wisconsin through the Journey for Justice in September 1997. It started at Dr. Wright's gravesite in Mondovi, and there were several medical marijuana patients traveling in a converted bus to Madison to present the bill to Congress. At all times during the Journey there were at least two patients riding in front of the bus in wheelchairs, which is why it took so long to reach Madison.

I joined the Journey on the last night, and rode the bus into Madison with all of the patients. I would have loved to be with them the entire trip, but I knew I had to save some sick days for when Marv really needed me at either liver transplant time or heaven-bound time. The patients were able to voice their concerns and personal testimonies at the capitol before the bill was presented. It was a good day, and the sun was shining.

Marv kept getting sicker, and he did a very good job of hiding a lot of it from me…I don't know if he thought I couldn't handle it, but I DO know he hated hospitals with a passion and would do just about anything to stay on the outside of one. One of the sweet things he did while he could was fix supper and have it ready when I came home from work at 4:30 or so. It was usually simple, but that was fine with me. One evening he made spaghetti and meatballs, which surprised me. But, there was a reason for it—early the next morning he called me into the bathroom and wanted me to see what he had vomited. He said it was spaghetti from the night before, but I KNEW it was blood clots and blood, and lots of it. I wanted to take him to the hospital right away, but we had an appointment elsewhere, so we went to our appt. first, then I drove him up to Wausau where they put a scope down his throat. They took pictures of his esophagus, and in essence it looked like huge hemorrhoids in his throat. That is what was bleeding whenever he vomited, and apparently he vomited a lot, but never told me about it until the day before. He was getting very weak from blood loss and wasn't going to his

hunting land anymore, or making supper, or eating. His liver was starting to shut down. From Wausau they made the decision to take him by ambulance to Madison because he was so very ill he needed to be in place for when a liver became available. He begged me to take him there in our Cadillac, but I convinced him that he was better off going with medical personnel. They also told him he could smoke cannabis on the way to Madison if he needed to. But he was just too weak to do it.

I stopped at home to pack a bag as I had no idea how long I would be in Madison. I would be staying with Marv's Aunt Janet and Uncle John in a Madison suburb. I didn't spend much time there—I'd get 'home' about 8:30 and get up about 7 a.m., eat a quick breakfast and leave for the hospital. My sister, Chris, spent a good deal of time in Madison with me, which was a tremendous source of support. From time to time we would rent a motel room close to the hospital at a reasonable rate then we wouldn't have the long drive to Aunt Janet's house.

The entire time Marv was at UW-Madison Hospital he ate nothing. This really concerned me and I tried to get him to drink Ensure but he just couldn't. When he had been there about a week they put a bypass around his liver, and it was hard as a rock. He went into a coma after about 3 ½ weeks in the hospital, and our sons rode with a friend from college in the middle of the night. The next morning he was in ICU hooked up to LOTS of wires and blood products and some white fluid to calm him down. The night before was really tough---he kept sitting up in bed, moaning and moving from side to side with his eyes wide open. I'd never seen anyone in a coma that moved around so much and made so much noise. He was very hard to look at, as there was nothing I could do for him. We all spent the night there in the hospital, praying for relief for Marv.

When I left late the next evening, I told the nurses NOT to rescusitate if his heart stopped. They didn't tell me that I needed to sign a paper to that effect. So, when I got a call from the hospital at 3 a.m. that Marv had a grand mal seizure and his heart had stopped and they had restarted it, I was quite upset. I rushed to the hospital with Chris, my sister, and he was constantly having seizures. The Dr. called me and I had to literally talk him into letting Marv go to his Maker. There was a lot of crying, then relief as I pictured Marv, whole and in perfect health, worshiping His Savior. Alleluia! There were angels singing that day!

There was much grieving to be done for my husband of 25 years, and I cried a river of tears. I attended grief support groups and have made lasting friendships that are still going strong. I could not have made the transition from grief to joy without my best friend, Jesus. He is always with me, He's my provider, my always faithful friend, my Savior, the one who heals my hurts and wipes my tears away. I anxiously await his presence on the day I enter eternity---what a glorious day that will be!

And, Jacki, I expect to see you there, too, in our Father's kingdom.

With Love Always,
Jan