

Greetings Representative Walsh, and to all Committee members, and to all interested parties concerned for the preservation of the liberties granted under the Michigan Medical Marijuana Act, the most significant act of democracy in Michigan's recent history, a peoples' initiative approved by 63% of the voters.

My name is Dennis Pielack and I am a medical marijuana patient. I am also a former teacher. But more important to this Hearing is my 48 years of experience with marijuana, especially religious use, for which I and my family have paid for with the sacrifice of our lives, finances, and property. I could tell you my life's story of marijuana use at the risk of making you cry, but I won't.

I am here to expose the committee to some of the harms I see to our citizens, especially to the children of medical marijuana patients and caretakers, by the blind acceptance and tolerance of the prohibition of marijuana as a continued policy for Michigan and America.

Marijuana is classified in the Controlled Substance Act as a schedule 1 drug. The Federal Government's premise that marijuana is evil and harmful and uncontrollably abused and is medically good for nothing is factually false, and the citizens of 16 States agree.

I start with a Report of the Global Commission on Drug Policy, entitled: WAR ON DRUGS. This June 2011 Report was compiled by a study of 19 professionals from 13 participating Countries including the USA, and concluded marijuana to be out of place in Schedule 1, and recommended:

"The current schedules, designed to represent the relative risks and harms of various drugs, were set in place over 50 years ago when there was little scientific evidence on which to base these decisions. This has resulted in some obvious anomalies –cannabis and cocoa leaf, in particular, now, seem to be incorrectly scheduled and this needs to be addressed."

Within the framework of this Report is real evidence of the failed War On Drugs, with greater consequent harms indicated to the lives of the people caused from law enforcement rather than the drug used, especially marijuana, the most widely used illicit substance in the World.

Remove the prohibition of marijuana, and crime is automatically reduced in proportion.

This is the certain trend in world and also in the USA with 16 States now allowing Medical Use of Marijuana, and this information should be considered in any proposals affecting the MMMA.

The actual wording of the beginning of the first paragraph of the MMMA sets forth the tone and intent of the Act:

AN INITIATION of Legislation to allow under State Law the medical use of marijuana; to provide protections for the medical use of marijuana;

The clear intent of this ACT is first **to allow** and **to provide protections** for the medical use of marijuana. These are certainly and clearly stated objectives of this ACT, and it is the language chosen by the vote of

63% of the people, with the peoples' expectation that the blanket of criminality thrown over every use of marijuana be lifted with allowances and protections for the medical use of marijuana.

I am sorry to say HB 4834, 4851, 4853, and 4856, have failed the intent of the ACT, and have failed the intent of the people. Rather than to facilitate **"to allow"** a qualifying patient to medically use marijuana, these proposals limit, restrict, and burden every medical marijuana patient that I remind you is suffering under the duress of a debilitating condition so serious as to qualify for the medical use of marijuana. These proposals fail **to provide protections** for the medical use of marijuana, but rather create unnecessary rules and conditions that provide occasions for the medical marijuana patient to fail to keep the law, and to become a new class of marijuana criminals, the medical marijuana criminal class, from which harm, the MMMA surely intended to protect patients.

HB 4843 requires from a medical marijuana patient what no other medical patient must provide by law: two very specific photos, with dimension, angle, and time requirements, and even restrictions on wearing glasses. This proposal is greatly burdensome to any qualifying patient, and increases the possibility of a law being broken, with criminal penalties for a patient. And to what end; to get our picture on card? Most people have a driver's license with a photo that could be used to cross-reference the name of a card holder. The government is responsible for the administration of this ACT, yet it created a burden that it erroneously dumps, under penalty of law, on a medical marijuana patient, who is already struggling to be independent of other's health care. The Department of Motor Vehicles administers to drivers a license with a photo and necessary information for a fee. Why not use them to administer an acceptable card, or use their example?

Also in 4834, Subdivision 3 (A)(B) fails the intent of this ACT. The people voted for the department to verify to law enforcement personnel whether a registry identification card is valid without divulging other personal information. Subdivision 3(A)(B) would replace the Peoples' version of the ACT and allow the department to gather information concerning patients, caretakers, and doctors, created into a confidential list of persons from the medical marijuana registry of card carriers or applicants, and other information otherwise maintained by the department concerning the same persons, and to share that information with State, or local law enforcement officers or officials in the course of their official duties.

This law would NOT permit a patient, caretaker, or doctor to access his own information in this private registry, information that may or may not be true, information that could be used against him for any prejudice of law enforcement, by police or officials in, "the course of their official duties."

This broad description of authority to use private information allowed by this proposal to government employees and law enforcement further invites the distrust of medical marijuana community.

This proposal may create a private list known only to some individuals in the department and some police and prosecutors for their own private purposes, and who would know it? The Court has ruled, "Cops can lie," and it is my experience that they do, and this proposal would make it too easy for law enforcement to abuse medical marijuana patients, caretakers, and doctors.

HB 4851 is offensive and prejudicial. Who of you are required by law to have your doctor psychologically assess you for any of the medical conditions covered under this ACT? NONE of you. The intent and implication of this proposal is to impose the 1937 "reefer madness" mentality that anyone who uses marijuana is a nut, or soon will be, and a psychological assessment should be law. This is 2012, and we are in the information age, and we are responsible for truth and common sense application of the truth. We can no longer accept as fact what we by fact and experience know is not true, and neither should our Representatives.

This proposal is dangerous especially in conjunction HB 4834 supplying the confidential information, which would then allow prosecutors and other law enforcement an open door to accuse any medical marijuana patient of mental instability. Even if the doctor's assessment of the patient's well-being is positive, any prosecutor could accuse any medical marijuana patient, and bring in his own expert psychologist witness to refute the patient's doctor, and with the ready cooperation of the court, find the patient as unable to care for himself, and institutionalize him.

What is a psychologist? What is a psychological assessment? There are no definitions in Section 3, Definitions in the MMMA. Also, what is the difference between a physician and a psychologist? Can a psychologist medically treat a patient? Do MD'S or OD'S commonly preform psychological assessments according to law in their care of non-medical marijuana patients? I think you can see the prejudice against medical marijuana patients in this proposal, and the possible "equal protections" violations against medical marijuana patients. The MMMA was initiated to protect patients from being made criminals and to provide for medical use of marijuana; this proposal is ill-conceived and prejudicial.

Section (A) (2) of this proposal further burdens medical marijuana patients and doctors. Rather than clearly protecting doctors who would provide care to medical marijuana patients, the Governor, the Attorney General, and the Courts have ignored the ACT, and scared doctors with the intimidation of Federal law, and burdened doctors with the uncertainty and whims of law enforcement, effectively preventing but only the bravest doctors from giving care to medical marijuana patients. Yet, this proposal creates increased and unfair and prejudicial burdens on patients and doctors in creation of the (4) requirements of the new definition of a "Bona-fide Physician-Patient Relationship." This is NOT in keeping with the intent of the MMMA.

Section 3(D) (1)(2) restricts unreasonably medical use of marijuana. Marijuana cultivation is very labor intensive. This proposal says a patient or caretaker cannot employ any help. Most patients are in poor physical condition, and some late in years, and help is reasonable and often necessary. The people intended that patients' medical use be protected by the MMMA.

Section (M)(1)(2)(3) requires unreasonable and prejudicial conditions to "Written Certification."

HB 4853 addresses selling marijuana in violations of registry identification restrictions, which complies with the last intent of this act: to provide for penalties for violations of this ACT. It is noted that the people responsible for the administration of this ACT readily complied with imposing a fee for registry application and renewal, to provide for promulgation of rules, for enforcement, and for penalties, but failed significantly to allow and provide protections for the medical use of marijuana, to provide for the

registry identification cards in a timely manner, to provide for the administration of this ACT, and to provide affirmative defenses.

It seems that these failures should rather be addressed by our Representatives and remedied before other conditions are added to the MMMA.

HB 4856 proposes two very limiting and burdensome rules for medical marijuana patients, which no other medical patients using dangerous pharmaceutical drugs are required to observe: to enclose marijuana in a case; to carry marijuana in the trunk of the vehicle; the marijuana must be inaccessible to the interior; and violation of these rules will criminalize a patient with imprisonment of 90 days or a \$100.00, fine or both. This is an unreasonable proposal NOT keeping with the intent of the ACT and the people. What if the patient needs to take a long trip, and needs to medicate hourly? How does this proposal provide protections for his medical use of marijuana? If he medicates in the privacy of his own car as a passenger, who does it harm? I'm sure it is not the intent of this proposal that a patient retire to the trunk of his car to medicate. This proposal unduly burdens the chronic conditions of a medical marijuana patient.

It is clear to me that these proposals fail to fulfill the intent of the MMMA, and the intent of the people. As I can appreciate the work involved in these proposals, I fear the sum of it has been misguided to provide conveniences for relevant government employees and law enforcement, and NOT protections for medical use of marijuana. None of these proposals facilitate the allowance of medical use of marijuana, nor do they provide protections for the medical use of marijuana, nor do they clarify MMMA. Instead, these proposals are ill- conceived rules which in effect will create criminals out of medical marijuana patients for failure to comply.

May I suggest a new point of view rooted in the reality of marijuana use? Marijuana users, medical or illicit, are self-governing. An underground society was created in the midst of prohibition that still exists. People have obtained marijuana from whomever had it until it was gone, and then another source was found. Marijuana is a renewable resource, and every year brings its own harvest. Government prohibition of marijuana has proved that billions of dollars spent to prevent marijuana and its use is a waste of money, a waste of time, and a waste of human life.

What would motivate a person to seek marijuana in violation of the law?

The fact that marijuana helps one to feel better is the usual motivation. It makes sense that a man would seek out medicine to heal himself, and when he found a medicine that helped him feel better, he would continue to use it even if the government prohibited it, and most people would too, and some people have found nothing else that works, and that is because marijuana is not like any other healing substance; cannabis, marijuana is GOD-made.

What would motivate a person to seek marijuana in violation of the law? GOD.

Marijuana is GOD created and GOD given and governments are in error to prohibit marijuana to GOD'S purposes for the plant, as History records many of those purposes, especially to religious use, to give back to GOD, and medical use for healing man.

A man whose calling is to serve GOD through his marijuana use is gravely harmed with consequences only measured by GOD.

A servant of GOD is erroneously been made a criminal of government and society by the prohibition of marijuana.

The obstinate failure of our leaders to admit and remedy the mistake of placing marijuana in grouping with Controlled Substance Act Schedule 1 Drugs is damaging to us all. Marijuana does not fit the Schedule 1 definition of a Schedule 1 drug.

This mistake made criminals out of people who are not criminals.

The harms to society are numeral starting with broken families. No child should be deprived of a parent's care for his parents' safe and reasonable use of marijuana.

Thank you for this opportunity to speak.

Personal Testimony, Judiciary Committee, Thursday, March 8th

Good morning, my name is Joseph Romano and I am a patient and a caregiver.

First I want to thank representatives Horn and Cavanagh for all their hard work. I had the opportunity to meet with them back in the summer and have seen the intense amount of time and sincere effort they have put in to understand the issue of medical marijuana and bring us to where we are today.

This morning I want to make a point asking every legislator here to subscribe to an observation that I have heard Rep. Cavanagh repeat numerous times, "the MMMA should be a public health issue, not a public safety issue".

I will not rehash of each of the bills rather I would say that I agree with the specific issues identified by CPU and the representatives of the Criminal Defense attorneys organization, Tom Loeb and Neil Rockind. The only personal point I will make is I strongly oppose any expanded access without a warrant.

My reason for this is straightforward. The very people that might abuse that access comprise the leadership of the opposition to the Medical Marijuana Act.

As elected officials you have personal experience dealing with the losing side. They never go away! For the Michigan Medical Marijuana initiative the opposing groups were the "Michigan Citizens Protecting Children" and the Prosecuting Attorneys Association of Michigan. In "every" voting district the citizens of the State of Michigan rejected their notion that Medical Marijuana is about public safety.

For Michigan Medical Marijuana patients, the losing side has not only not gone away, they are using funds collected from the registry program to demonize us. The chairman of the opposition, Michigan Citizens Protecting Children, is now the chief legal counsel to LARA. They have installed a retired sheriff, Celeste Clarkson, to head up the day to day activities of the program and they used state funds collected from the registered patients and caregivers to tour the state bringing their message of protecting the children and public safety to every city and county in the State. To ask us to accept that they will do the right thing with confidential registry data is too much to ask.

I have been here for all three hearings on these bills. The presentations by Rep. Walsh, Horn and Cavanagh as well as numerous insightful questions from many of the Representatives leave me with a feeling that the majority of the reps here in the room recognize that Medical Marijuana is a public health issue and I thank you for taking the initiative to work with our community.