

SB689

TESTIMONY

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
TELEPHONE: (808) 529-3111 · INTERNET: www.honolulu.org

KIRK W. CALDWELL
MAYOR



LOUIS M. KEALOHA
CHIEF

DAVE M. KAJIHIRO
MARIE A. McCAULEY
DEPUTY CHIEFS

OUR REFERENCE **JI-TA**

February 13, 2013

The Honorable Josh Green, Chair
and Members
Committee on Health
State Senate
Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chair Green and Members:

SUBJECT: Senate Bill No. 689, Relating to Pain Patients Bill of Rights

The Honolulu Police Department opposes Senate Bill No. 689, Relating to Pain Patients Bill of Rights.

This bill seeks to amend chapter 327H, Hawaii Revised Statutes, by adding a new section establishing the medical use of marijuana.


Although medical marijuana is currently legal for use by the seriously ill, a review by the Institute of Medicine concluded that smoking marijuana is not recommended for long-term medical use. The primary active chemical in marijuana, Tetrahydrocannabinol (THC), is available in Marinol, an FDA-approved medication in pill form.

Marijuana is categorized as a Schedule I controlled substance under the Controlled Substances Act of 1970 because it is a dangerous drug with no recognized medical value. According to the White House Office of National Drug Control Policy, marijuana as a smoked product has never been proven to be medically beneficial, and it is more likely to harm one's health.

In the interest of public health and safety, the Honolulu Police Department urges you to oppose Senate Bill No. 689, Relating to Pain Patients Bill of Rights.

Thank you for the opportunity to testify.

APPROVED:


LOUIS M. KEALOHA
Chief of Police

Sincerely,


JERRY INOUE, Captain
Narcotics/Vice Division

THE LIBERTARIAN PARTY OF HAWAII
C/O 1658 LIHOLIHO ST #205
HONOLULU, HI 96822

TESTIMONY

To the Senate Committee on Health

RE: SB 689

To be heard on Wednesday, February 13, at 1:30PM in conference room 229

The Libertarian Party supports this measure aimed at improving Hawaii's medical marijuana law. For the record we note that should the legislature repeal the existing criminal laws relating to marijuana, as public opinion seems to support, much of the technical problems with our medical marijuana program would fall by the wayside.

Very Truly Yours:



Tracy Ryan
Acting Chair, The Libertarian Party of Hawaii

tracyar@hawaiiantel.net

(808) 534-1846

2) By Web: Online if less than 4MB in size, at <http://www.capitol.hawaii.gov/emailtestimony>

To: Senator Josh Green, Chair
Senator Roz Baker, Vice Chair
From: Andrea Tischler, Chair Big Island Americans for Safe Access
RE: SB 689 - Relating to Pain Patients' Bill of Rights
Hearing: Wednesday, February 13, 2013, Room 229 at 1:30 p.m.
Position: Strong Support

Aloha Senator Green, Senator Baker and Committee Members:

The Big Island Americans for Safe Access strongly supports passage of the Pain Patients' Bill of Rights. As a patient and chair of Big Island ASA, I know from personal experience and from speaking with many of the 5000 Big Island medical patients the benefits of being able to choose what kind of medical care patients receive.

I am afflicted with sciatica pain in my lower extremities which at times leaves me with excruciating pain. I have used the prescriptive opioids that have left me unable to think clearly or reasonably function. Fortunately, I use cannabis to relax the muscles and tendons and the pain gradually subsides.

The Pain Patients' Bill of Rights guarantees me and my doctor the right to choose cannabis medicine for my severe pain. I do not want to use dangerous prescription drugs which are highly addictive when I know of a far non addictive safer drug.

During the past ten years there have been scientific studies as well as much antidotal testimony about the benefits of using cannabis for chronic pain. And, the Hawai'i Medical Association (HMA) has passed a resolution recommending that cannabis be rescheduled as a Schedule III controlled substance which could be routinely prescribed by physicians.

Medical cannabis as a treatment for pain deserves to be in the 2008 Pain Patients' Bill of Rights. Please pass this bill as it will guarantee that patients have a right to choose their medicine.

Mahalo for allowing me and our organization the opportunity to testify on this important bill.



Dedicated to safe, responsible, humane and effective drug policies since 1993

February 13, 2013

To: Senator Josh Green, Chair
Senator Rosalyn Baker, Vice Chair and
Members of the Committee on Health

From: Jeanne Y. Ohta, Executive Director

RE: SB 689 Relating to the Pain Patients Bill of Rights
Hearing: February 13, 2013, 1:30 p.m., Room 229

The Drug Policy Forum of Hawai'i writes in support of SB 689 Relating to the Pain Patients Bill of Rights. This measure adds medical use of marijuana patients into the bill of rights.

The reason this measure is necessary is because there have been efforts to eliminate severe pain as a qualifying condition for the medical marijuana program. This is unfortunate because there exists more "gold standard" clinical data (double-blind, placebo controlled cross-over trials) regarding the use of inhaled cannabis or organic cannabis extracts for pain than there is evidence for arguably any other condition.

Further, many of the usual pain medications that cannabis may replace are far more potentially habit forming and are associated with increased overdose deaths and have more severe side effects. In fact, one recent published review of the subject recommended cannabis as an alternative to opioids for this very reason.¹

The Institute of Medicine in "Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research"² writes that chronic pain can be a disease in itself and is a public health problem. Chronic pain affects at least 116 million U.S. adults; and large numbers of patients receive inadequate treatment.

There are also negative and ill-informed attitudes about people with pain, and stereotyping and biases that contribute to barriers both medical and legal for effective pain treatment.

In explaining the increase in pain for younger people, the report cites the progress in saving the lives of people with catastrophic injuries related to work, sports, vehicle crashes, or military

¹Collen, Mark. "Prescribing Cannabis for Harm Reduction," *Harm Reduction Journal*, 2012, 9:1.

² Institute of Medicine. 2011. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington, DC: The National Academies

combat that in previous times would have died, has created a group of relatively young people at high risk of lifelong chronic pain.

The report emphasized that **“the majority of people with pain use their prescription drugs properly, are not a source of misuse, and should not be stigmatized or denied access because of the misdeeds or carelessness of others.”** This is also true of the medical marijuana program. Patients register with the program because they are law abiding citizens and want to remain law abiding.

More than two-thirds of cancer patients who were prescribed medical marijuana to combat pain are reportedly satisfied with the treatment, according to a comprehensive study conducted for the first time in Israel. The findings were reported January 2012.³

The study, conducted at Sheba Medical Center, Tel Hashomer, in conjunction with the Israel Cancer Association - involved 264 cancer patients who were treated with medical marijuana for a full year. Some 61 percent of the respondents reported a significant improvement in their quality of life as a result of the medical marijuana, **while 56 percent noted an improvement in their ability to manage pain.**

The Narcotics Enforcement Division of the Department of Public Safety charged with administering the program, has claimed that the program is being abused. Abuse by a few should not eliminate medical marijuana for those patients who are law abiding. Because the program is being administered by a law enforcement agency, more attention is being given to the few abusers than to the vast majority of patients whose have benefitted from the program.

Many medical marijuana patients come to the program after having tried the usual or commonly prescribed medications. Many have experienced negative side-effects or can no longer tolerate those medications. Medical marijuana is an alternative that works for them. Pain treatment should be individualized. Patients and their doctors should be allowed to determine their individual treatment. Law enforcement and government should not interfere with their right to determine what is best for them.

We encourage the committee to preserve the right of pain patients to access to medical marijuana for their pain. Thank you for the opportunity to testify.

³ Article available at: <http://www.haaretz.com/misc/article-print-page/israeli-researchers-say-more-doctors-should-recommend-marijuana-to-cancer-patients-1.409918?trailingPath=2.169%2C2.225%2C2.226%2C>



Committee: Committee on Health
Hearing Date/Time: Wednesday, February 13, 2013, 1:30 p.m.
Place: Conference Room 329
Re: Testimony of the ACLU of Hawaii in Support of S.B. 689,
Relating to Pain Patients Bills of Rights

Dear Chair Green and Members of the Committee:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in support of S.B. 6689, Relating to Medical Marijuana, which adds “medical marijuana use” to the Pain Patients Bill of Rights.

Contemporary scientific evidence confirms the countless stories of the therapeutic effects of medical marijuana, which has provided unique relief for serious conditions, including cancer and AIDS, when no other medicine is as effective or free of side effects such as nausea or loss of appetite. Nearly one million patients nationwide now use medical marijuana as recommended by their doctors and in accordance with state laws.

As a member of the Medical Cannabis Working Group, the ACLU of Hawaii is well aware of the many difficulties that patients face with the current medical marijuana program. S.B. 689 attempts to address some of these concerns by ensuring that patients who use medical marijuana have rights delineated in the “Pain Patients’ Bill of Rights”. The Medical Cannabis Working Group’s full report is available at <http://www.acluhawaii.org/downloads/1002MCWG.pdf>. Please support S.B. 689.

Thank you for this opportunity to testify.

Sincerely,
Laurie A. Temple
Staff Attorney and Legislative Program Director

The American Civil Liberties Union of Hawaii (“ACLU”) has been the state’s guardian of liberty for 47 years, working daily in the courts, legislatures and communities to defend and preserve the individual rights and liberties equally guaranteed to all by the Constitutions and laws of the United States and Hawaii. The ACLU works to ensure that the government does not violate our constitutional rights, including, but not limited to, freedom of speech, association and assembly, freedom of the press, freedom of religion, fair and equal treatment, and privacy. The

American Civil Liberties Union of Hawaii
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Chairs Green and HTH Committee Members
February 13, 2013
Page 2 of 2

ACLU network of volunteers and staff works throughout the islands to defend these rights, often advocating on behalf of minority groups that are the target of government discrimination. If the rights of society's most vulnerable members are denied, everyone's rights are imperiled.

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· P.O. Box 240323· Honolulu, HI 96824 ~ *phone:* 808 469-5249
email: pamelalichty@gmail.com ~ *website:* www.dpfhi.org

TO: SENATE COMMITTEE ON HEALTH

FROM: PAMELA LICHTY, M.P.H., PRESIDENT

DATE: FEBRUARY 13, 2013, 1:30 P.M., ROOM 229

RE: S.B. 689 RELATING TO PAIN PATIENTS BIL OF RIGHTS – **IN STRONG SUPPORT**

Good afternoon, Chair Green, Vice Chair Baker, and members of the Committee. My name is Pam Lichty and I'm President of the Drug Policy Action Group (DPAG), the government affairs arm of the Drug Policy Forum of Hawaii.

Let me begin by thanking you for hearing this bill today. The original Pain Patients Bill of Rights focuses largely on patient access issues to opiate medications, while the measure before you today seeks to incorporate the medical use of marijuana into this chapter.

There is a certain irony to all this. Many patients who utilize cannabis for pain control prefer it to opiates. There are many reasons for this including the potential for addiction to opiates, the many side effects of that class of drugs, and the fact that opiates often make patients too lethargic to go to work or to get anything done. As patient advocates for many years we have heard repeatedly that even if cannabis does not eliminate the need for opiates entirely, it does permit patients to take less and thus remain more functional.

Beyond such anecdotal experience, however, there are now many reputable, "gold standard" studies that demonstrate the efficacy of marijuana for pain relief. It seems to be particularly effective for nerve pain for example.

The Hawaii Medical Association has acknowledged this reality by passing a resolution urging that cannabis be down-scheduled from Schedule I to III, the same category in which more potentially dangerous pain medications like Vicodin are found.

Medical treatment options should be decided between a patient and his physician. The Hawaii's 13 year old medical marijuana program acknowledges this by requiring physicians to act as gatekeepers.

As the Pain Patients Bill of Rights states: "a patient who suffers from severe acute or chronic pain **has the option to request or reject the use of any or all modalities to relieve the pain.** [Emphasis added]

We hope the Committee will recognize the medical use of cannabis as consistent with the rest of the Pain Patients Bill of Rights and move S.B. 689 out today so that the rights of patients using the medical marijuana program for pain control can be affirmed.

Again thank you for hearing this measure today and for giving us the opportunity to testify.

The Drug Policy Action Group, founded in 2004, is a sister organization to the 20 year old Drug Policy Forum of Hawaii. Its mission is to advocate for effective, non-punitive drug policies that minimize economic, social and human costs and to encourage pragmatic approaches based on science and concern for human dignity.

Dr. Dan Susott, MD

SB 689 RELATING TO PAIN PATIENTS BILL OF RIGHTS.

HTH has scheduled a public hearing on 02-13-13 1:30PM in conference room 229.

Full Support based upon Scientific Studies.

The Medical use of Cannabis, Marijuana, in Pain Management has been very effective.

In addition to Pain Management, Over 60 different Cannabis medicinal compounds have been found to have neuro-protective qualities including

1. anti inflammatory
2. anti oxidation,
3. neuroprotection,
4. analgesia,
5. anti-inflammation,
6. immunomodulation,
7. modulation of glial cells, and
8. tumor growth regulation.

In studies with Fibromyalgia patients experienced

1. reduction of pain and stiffness,
2. enhancement of relaxation, and
3. an increase in somnolence [better sleep] and
4. and an increase in their feeling of well being

Studies of patients with post-traumatic or postsurgical neuropathic pain, one puff three times a day for 5 day, patients experienced

1. decreased pain and
2. improved sleep being able to fall asleep easier, with less sleep interruptions.
3. an improve quality of life

Studies with Cluster Headaches that were refractory [couldn't be treated] with other analgesic pain management responded well to Cannabis being

1. able to prevent and
2. abort the attacks with Cannabis.

HIV patients with HIV-associated distal sensory predominant polyneuropathy (DSPN) are usually treated with opioids. HIV Pain Patients who were refractory to at least two previous analgesic classes experienced at least a

1. 30% reduction with and
2. improvement in Mood and
3. daily functioning improved.
4. Side effects were mild and self-limited.

Traditionally, Cannabis has been used with opioid pain relief drugs. Marijuana increase the

effectiveness of the opioids while reducing the development of drug tolerance [meaning the patient doesn't need higher and higher doses to control their pain.]

Neuroprotective cannabinoids found in Marijuana are able to rescue dying neurones. Cannabinoids also provide symptomatic relief in chronic neurodegenerative diseases, such as multiple sclerosis and Huntington's disease. Canada has recently approved medical preparations of Cannabis for treatment of Multiple Sclerosis Pain syndromes.

STRONGLY SUPPORT SB 689

As a physician with over 35 years of experience in Emergency Medicine and Urgent Care, I have great respect for the Hawaii Pain Patients' Bill of Rights (2008), in which acute and chronic pain patients are guaranteed the "right to request or reject all treatment modalities".

Unfortunately, pain patients using medical cannabis legally in Hawaii are still subjected to bias and discrimination and are treated as second class citizens:

- 1) Medical cannabis patients are not allowed to travel inter-island with their pain medication, yet all other controlled substances are allowed.
- 2) Pain patients deserve to be liberated from the terrorism of dangerously low-flying helicopters with machine guns. Why are we wasting millions of dollars just to give patients PTSD?
- 3) If patients suffering from chronic pain are not allowed to use medical cannabis, that would force many pain patients to return to deadly and addicting (but legal) opioids such as Oxycontin. Pain patients deserve the right to choose the far safer and less addicting treatment of medical cannabis.
- 4) Many pain patients can be denied on-the-job injury benefits if their urine tests positive for inactive THC metabolites left over from use as long as a month ago! Actual THC blood tests could easily test for current usage and influence, but employers always choose the completely unreliable urine test. Would you like to be charged for a DUI if you had only one beer last week and no alcohol since then? Think about it, please.
- 5) Cannabis is a safe medication which is relatively non-addicting and causes no violence and no known fatalities. Many scientific studies now prove that cannabis is also a very effective pain medication, especially for the most difficult to treat chronic pains such as nerve pains. Please note that the Hawaii Medical Association (HMA) passed a resolution recommending that cannabis be legalized as a Schedule III controlled substance (same as Vicodin) that could be routinely prescribed by physicians. Medical problems should be treated by physicians (not crusading law enforcement), and the physicians are telling you that cannabis should not be so restricted, but should for the benefit of mankind be made more available to patients. Please do the right thing and vote to include medical cannabis patients in the Hawaii Pain Patients' Bill of Rights. Mahalo.

Charles Webb, MD

Testimony in Support of SB689

I have a medical marijuana license and it has helped me to deal with severe Crohn's disease, a gastrointestinal autoimmune disease. I am sometimes in extreme pain from flare-ups of this lifelong disease and marijuana helps to reduce this pain. I've been able to use marijuana after surgeries instead of other prescription pain medicines which have negative gastrointestinal side effects.

I have a team of doctors both in Hawaii and on the mainland that I consult with on a regular basis regarding the state of my disease. I believe it should be up to me and my team of doctors to determine what medications and treatment are right for my health.

Abbey Golden

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: watsonblake8@gmail.com
Subject: *Submitted testimony for SB689 on Feb 13, 2013 13:30PM*
Date: Tuesday, February 12, 2013 9:48:00 AM

SB689

Submitted on: 2/12/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Blake Watson	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: cheryl@solights.com
Subject: *Submitted testimony for SB689 on Feb 13, 2013 13:30PM*
Date: Monday, February 11, 2013 8:42:49 PM

SB689

Submitted on: 2/11/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Cheryl Nelson	Individual	Support	No

Comments:

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From: [Clif Otto](#)
To: [HTHTestimony](#)
Subject: SB 689 Testimony
Date: Monday, February 11, 2013 9:03:47 PM

To: Senator Josh Green, Chair
Senator Roz Baker, Vice Chair
From: Clifton Otto, MD
RE: SB 689 - Relating to Pain Patients Bill of Rights
Hearing: Wednesday, February 13, 2013, Room 229 at 1:30 p.m.

Position: Strong Support

Sometimes it becomes necessary to set forth the obvious, especially in situations where prohibitionist attitudes have caused us to overlook the medical fact that patients come first.

Fortunately in Hawaii, we have HRS 327H-2 in place, which clearly states that “a patient who suffers from severe acute pain or severe chronic pain has the option to REQUEST or REJECT the use of ANY or ALL modalities to relieve the pain” (Capitalization added).

In order for a patient to select a medical treatment that is best suited for his/her particular condition, there must exist a protected Doctor-Patient relationship. It is within this relationship that confidential medical information is shared between Doctor and Patient in such a way that the Patient feels safe to discuss and consider all possible treatment options.

If the Doctor and Patient decide together that Medical Cannabis is the best option for the patient’s pain management, and the State has already exercised its right to decide the medical use of controlled substances by accepting the Medical Use of Cannabis, then the patient has every right to utilize this medicine under the supervision of a Physician, as is the case with all other controlled substances that have recognized Medical Use in Hawaii.

This bill takes an important step towards protecting our patients’ right to select Medical Cannabis as the best treatment for their debilitating pain. Hopefully this change will reduce the prejudice that Medical Cannabis Pain Patients must face when dealing with an establishment that is slow to embrace the medical benefits of this natural substance.

I would recommend that wherever the racist term “Marijuana” exists in Hawaii’s statutes, it be replaced with the correct botanical name “Cannabis”.

Clifton Otto, MD
Honolulu, HI

Re: SB689

To: Senate Committee on Health

Hearing Date: February, 13, 2013

Time: 1:30 pm

Room: 229

Dear Honorable Senators,

This testimony is in support of SB689 to allow medical cannabis to be used for severe pain. My name is Gene Thomas. I am a retired pharmacist and use a variety of cannabis that is non-psychoactive; high in cannabidiol and low in tetrahydrocannabinol (THC, the psychoactive/euphoria agent in marijuana) for severe leg cramps and back pain. As a retired pharmacist, I am all too familiar with the dangerous side effects of pharmaceutical drugs, not to mention how horribly overpriced they are!

This measure would also help the state save money on prescription Marinol which is synthetic THC and does not work as well as cannabis. The average cost of Marinol for a 90 day supply is \$2036.00! Check this link: <http://medicalmarijuana.procon.org/view.answers.php?questionID=000091> for verification.

Cannabis allows me to sleep through most of night without taking addictive pain medication and muscle relaxants. Recently, there have been many positive new developments in medical cannabis research. If you would like more information or consultation on medical cannabis, please don't hesitate to call me at (808) 443-4188.

Thank you for your consideration. Why not let us grow our own medicine and take charge of our own health? Please, make the right decision and support SB 689.

Sincerely,

Gene Thomas, Pharmacist (retired)

My name is Jan Walker-Cook, I am a resident of the State of Hawaii, Island of Oahu and I am a terminally ill liver cancer patient who is submitting testimony online and wishes to testify live at the hearing in support of **SB689 whose public hearing is being held before the HLH COMMITTEE in Room 229, on February 13, 2013 at 1:30 PM.**

Honorable Chairperson and Chair Members considering SB689 before you today, I am one of many terminally ill end stage cancer patients here in Hawaii and I speak for thousands of my peer Hawaiian patients throughout our Islands, who unlike me do not have the liberty, the resources, or the networking to travel back and forth between the West Coast of the Mainland or elsewhere in search of relief from their suffering. Therefore I have made it my mission at the end of my life to share our terminally ill patients' suffering for lack of efficacious medicines that are not horrifically addictive like opiates and which are often not affordable such as other state-of-the-art boutique pharmaceuticals. I am not a wealthy person but I have left legal instructions for my doctors wherever I am treated to share whatever treatment regimens I undergo regardless of my survival with other suffering patients in the hopes that even one life might be spared death, suffering, unnecessary pain and sacrifice of dignity of any quality of life remaining with family and community.

At the present time I suffer from Stage IV HCV hepatic disease, Stage II metastatic tumor infiltration, and am awaiting a liver transplant at multiple centers for liver transplantation including the The Liver Center at Queens Hospital, the Scripps Center for Liver Transplantation at Torrey Pines, California and the Cedar Sinai Hospital, Beverly Hills California. I was diagnosed from multiple associated disease syndromes incidental and opportunistic to the hepatic cancer including, but not limited to, auto-immune disease, gastric disease including Barrett's Esophageal Varices etc.

The pain associated with any one of these noted disease etiologies is constant, paralyzing, debilitating, dehumanizing and obstructs the patient's will to live and survive by use of aggressive therapies to extend and prolong their lives.

First and foremost I refer this Honorable Committee to the legislative history and well known medical and legal experts who have made arguments before the Highest courts of the United States Federal and states, before Federal Agencies and before the Executive Branch, in particular the Justice Department, the F.D.A., and the like.

In 2000, Hawaii made history becoming the first state to formally recognize medical marijuana when then Governor Ben Cayetano signed into law the Medical Marijuana Act, and the following information was already widely acknowledged by the medical community at large. At the National Institutes of Health in March 1999, in a Report entitled "Marijuana and Medicine: Assessing the Science Base," John A. Benson, Jr., M.D., Janet E. Joy, PhD, and Stanley J. Watson, Jr., M.D., PhD. Memorialized the following in their March 22, 1999 article "From Marijuana to Medicine," published in Issues in Science and Technology. "The IOM Report, Marijuana and Medicine: Assessing the Science Base, released in March 1999, found that marijuana's active components are potentially effective in treating pain, nausea, and vomiting, AIDS-related, HEP-related losses of appetite, and other symptoms and should be tested rigorously in clinical trials for more wider use as pain and analgesic agents. The therapeutic effects of smoked marijuana are often better tolerated by late and/or end stage cancer patients who do not respond well to other medications and have no effective pain management alternative to smoking medical marijuana.

Joycelyn Elders, MD, former US Surgeon General, wrote the following in a Mar. 26, 2004 article titled "Myths About Medical Marijuana," published in the Providence Journal: "The evidence is overwhelming that marijuana can relieve certain types of pain, nausea, vomiting and other symptoms caused by such illnesses as 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."

Ralph Nader, LLB, attorney, author, and consumer advocate, stated the following in an Oct. 8, 2004 interview with the Drug War Chronicle: "The criminal prosecution of patients for medical marijuana must end immediately, and marijuana must be treated as a medicine for the seriously ill...Research has shown marijuana to be a safe and effective medicine for controlling nausea associated with cancer therapy, reducing the eye pressure for patients with glaucoma, and reducing muscle spasms caused by multiple sclerosis, para- and quadriplegia...Physicians must have the right to prescribe this drug to their patients without the fear of the federal government revoking their licenses, and doctor-patient privacy must be protected. The Drug Enforcement Administration should not be practicing medicine."

Dennis Kucinich, US Representative (D-OH) and 2008 Democratic Candidate for US President, stated the following in an Aug. 9, 2007 Democratic presidential forum aired on Viacom's Logo cable network: "It's a matter between doctors and patients, and if doctors want to prescribe medical marijuana to relieve pain, compassion requires that the government support that. And so as president of the United States, I would make sure that our Justice Department was mindful that we should be taking a compassionate approach. I want to go one step further, because this whole issue of drugs in our society is misplaced. Drugs have infected the society, but I think we need to look at it more as a medical and a health issue than as a criminal justice issue."

Gregory T. Carter, MD, Clinical Professor at the School of Medicine at the University of Washington and Co-director of the Muscular Dystrophy Association (MDA)/Amyotrophic Lateral Sclerosis (ALS) Center, wrote the following in an Oct. 2003 article posted on the MDA website: "There are really no other medications that have the same mechanisms of action as marijuana. Dronabinol (Marinol) is available by prescription in capsules, but has the distinct disadvantage of containing only synthetic delta-9-tetrahydrocannabinol (THC) which is only one of many therapeutically beneficial cannabinoids in the natural plant. Interestingly, it is the most psychoactive of the cannabinoids and is the one that the Federal government allows to be prescribed! Cannabinoids are now known to have the capacity for neuromodulation, via direct, receptor-based mechanisms, at numerous levels within the nervous system. These provide therapeutic properties that may be applicable to the treatment of neurological disorders, including anti-oxidative, neuroprotective effects, analgesia, anti-inflammatory actions, immunomodulation, modulation of glial cells and tumor growth regulation. Beyond that, the cannabinoids have also been shown to be remarkably safe with no potential for overdose."

Lyn Nofziger, former Press Secretary to Ronald Reagan, wrote the following in the foreword to the 1999 book Marijuana RX: The Patients' Fight for Medicinal Pot, by Robert C. Randall and Alice M. O'Leary: "Marijuana clearly has medicinal value. Thousands of seriously ill Americans have been able to determine that for themselves, albeit illegally. Like my own family, these

individuals did not wish to break the law but they had no other choice. The numerous attempts to legitimately resolve the issue-via state legislation and federal administrative hearings-have too often been ignored or thwarted by misguided federal agencies. Several states conducted extensive, and expensive, research programs which demonstrated marijuana's medical utility-particularly in the treatment of chemotherapy side-effects. Francis L. Young, the chief administrative law judge of the United States Drug Enforcement Administration, ruled marijuana has legitimate medical applications and should be available to doctors."

Jay Cavanaugh, PhD, National Director of the American Alliance for Medical Cannabis (AAMC), wrote the following in a 2002 article titled "The Plight of the Chronically Ill," posted on the AAMC website: "Many of the chronically ill have successfully sought relief with the use of medical cannabis, an age-old remedy that now shows real scientific efficacy. Hundreds of thousands of the sick have replaced disabling narcotics and other psychotropic medications with nontoxic and benign cannabis. The anecdotal evidence is overwhelming. Folks with spinal injuries able to give up their walkers, AIDS patients able to gain weight and keep their medications down, cancer patients finding relief from the terrible nausea of chemotherapy, chronic pain patients once again functional with their consciousness restored from narcotic lethargy, and folks once disabled from crippling psychiatric disorders and addictions, returned to sanity and society with the assistance of a nontoxic herb with remarkable healing powers."

I refer this Honorable Committee Chair and Respective Members to the following existing legislation that is the precedent for your referral of SB 689 for immediate passage before the full Legislature on the floor of the State Senate. Terminally ill and/or chronically ill patients cannot wait for legislative deals and/or posturing to take the place of meaningful just law that these deserving Hawaiian citizens are entitled to under our rule of law.

First I refer the committee to Haw. Rev. Stat. § 327H-1 : Hawaii Statutes - Section 327H-1: Pain patient's bill of rights; findings.

Search Haw. Rev. Stat. § 327H-1 : Hawaii Statutes - Section 327H-1: Pain patient's bill of rights; findings whose legislative intent reads as follows:

The legislature finds that:

- (1) Inadequate treatment of severe acute pain and severe chronic pain originating from cancer or noncancerous conditions is a significant health problem;
- (2) For some patients, pain management is the single most important treatment a physician can provide;
- (3) A patient who suffers from severe acute pain or severe chronic pain should have access to proper treatment of pain;
- (4) Due to the complexity of their problems, many patients who suffer from severe acute pain or severe chronic pain may require referral to a physician with expertise in the treatment of severe acute pain and severe chronic pain. In some cases, severe acute pain and severe chronic pain is best treated by a team of clinicians to address the associated physical, psychological, social, and vocational issues;

(5) In the hands of knowledgeable, ethical, and experienced pain management practitioners, opiates administered for severe acute pain or severe chronic pain can be safe; and

(6) Opiates may be part of an overall treatment plan for a patient in severe acute pain or severe chronic pain who has not obtained relief from any other means of treatment. [L 2004, c 189, pt of §1]

Next, I refer this Honorable Committee to Haw. Rev. Stat. § 327H-2 : Hawaii Statutes - Section 327H-2: Bill of rights.

Search Haw. Rev. Stat. § 327H-2 : Hawaii Statutes - Section 327H-2: Bill of rights and its legislative precedent.

(a) The pain patient's bill of rights includes the following:

(1) A patient who suffers from severe acute pain or severe chronic pain has the option to request or reject the use of any or all modalities to relieve the pain;

(2) A patient who suffers from severe acute pain or severe chronic pain has the option to choose from appropriate pharmacologic treatment options to relieve severe acute pain or severe chronic pain, including opiate medications, without first having to submit to an invasive medical procedure.

For purposes of this paragraph, "invasive medical procedure" means surgery, destruction of a nerve or other body tissue by manipulation, or the implantation of a drug delivery system or device;

(3) A patient's physician may refuse to prescribe opiate medication for a patient who requests a treatment for severe acute pain or severe chronic pain. However, that physician may inform the patient of physicians who are qualified to treat severe acute pain and severe chronic pain employing methods that include the use of opiates;

(4) A physician who uses opiate therapy to relieve severe acute pain or severe chronic pain may prescribe a dosage deemed medically necessary to relieve the pain;

(5) A patient may voluntarily request that the patient's physician provide an identifying notice of the prescription for purposes of emergency treatment or law enforcement identification; and

(6) With regard to pain patients, the application of this section shall be guided by the medical principle that physical tolerance and dependence are normal consequences of sustained use of opiate medication, distinguishable from psychological dependency or addiction that bears no relationship to pain experienced by a patient. For the purposes of this section, psychological dependency shall be characterized by a patient's compulsion to take a drug notwithstanding the fact that the patient knows the harmful and destructive effect of the drug on the patient. The distinction is one of treatment of pain as opposed to feeding a psychological need. A patient who suffers severe acute pain or severe chronic pain secondary to a diagnosis in any form of disease and chronic conditions may be entitled to receive a prescription of opiate medication for the treatment of the pain, if requested by that patient; provided that:

(A) The particular opiate is appropriate to the treatment of that pain; and

(B) The patient is not addicted to the opiate. For the purposes of this subparagraph, the term "addicted" refers to a psychological dependence, rather than a progressive physical tolerance for the opiate to relieve the pain; provided that the term does not include a narcotic-dependent person as defined in section 329-40.

(b) Nothing in this section shall be construed to:

(1) Expand the authorized scope of practice of any licensed physician;
(2) Limit any reporting or disciplinary provisions applicable to licensed physicians and surgeons who violate prescribing practices; and

(3) Prohibit the discipline or prosecution of a licensed physician for:

(A) Failing to maintain complete, accurate, and current records that document the physical examination and medical history of a patient, the basis for the clinical diagnosis of a patient, and the treatment plan for a patient;

(B) Writing false or fictitious prescriptions for controlled substances scheduled in the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 United States Code 801 et seq. or in chapter 329;

(C) Prescribing, administering, or dispensing pharmaceuticals in violation of the provisions of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 United States Code 801 et seq. or of chapter 329;

(D) Diverting medications prescribed for a patient to the licensed physician's own personal use; and

(E) Causing, or assisting in causing, the suicide, euthanasia, or mercy killing of any individual; provided that it is not "causing, or assisting in causing, the suicide, euthanasia, or mercy killing of any individual" to prescribe, dispense, or administer medical treatment for the purpose of treating severe acute pain or severe chronic pain, even if the medical treatment may increase the risk of death, so long as the medical treatment is not also furnished for the purpose of causing, or the purpose of assisting in causing, death for any reason. [L 2004, c 189, pt of §1; am L 2008, c 131, §2]

From: [Jennifer Martin](#)
To: [HTHTestimony](#)
Subject: Support for SB689
Date: Tuesday, February 12, 2013 10:31:31 AM

To: Senator Josh Green, Chair
Senator Roz Baker, Vice Chair
From: Jennifer Martin
RE: SB 689 - Relating to Pain Patients Bill of Rights
Hearing: Wednesday, February 13, 2013, Room 229 at 1:30 p.m.
Position: Strong Support

Hi,

Please support this bill. Cannabis is a proven pain reliever for many different ailments, and patients and doctors should have the choice to use what works best.

Although smoked plants might seem less appropriate for medical conditions than pills, inhalation has several benefits, mainly including immediacy of analgesic effects and easy dosage titration.

Many people find that cannabis does a better job at relieving the discomforts of their ailments than RX drugs, and with fewer side effects.

It's also coming more and more into the mainstream that the plants of the earth have innumerable healing properties and might actually exist specifically as healing agents, simply waiting to be tapped for that purpose, which is cheaper, more natural, and avoids participation in the greedy, bloated, often-toxic, mainstream pharmaceutical industry.

In a basic sense, let's get down to earth- this is a plant that grows naturally all over the world. People have been smoking it for centuries. It has almost no negative effects, no one dies from it, and the worst thing that can happen on it is a little confusion. To me, this places cannabis well above the costs, risks, and downsides of most medications and even most recreational escapes like alcohol and tobacco.

Thanks for your consideration,

Jennifer Martin

From: [Bobich, Joseph](#)
To: [HTHTestimony](#)
Subject: SB 689 – Relating to Pain Patients Bill of Rights
Date: Monday, February 11, 2013 8:47:09 PM

To: Senator Josh Green, Chair
Senator Roz Baker, Vice Chair
From: Joseph A. Bobich, Ph. D.
RE: SB 689 - Relating to Pain Patients Bill of Rights
Hearing: Wednesday, February 13, 2013, Room 229 at 1:30 p.m.
Position: Strong Support
To Whom It May Concern,

When I migrated to Hawai'i in 2007, I had osteoarthritis, specifically a bone spur that is pressing on a nerve in my neck that causes me a lot of pain all the time. I currently take Celebrex, three Lyrica, and a full-strength aspirin every day, but they only provide partial relief. Ultimately, I obtained a Medical Marijuana card and I found substantial relief at last by using marijuana. Thus, I would urge you to include medical cannabis patients in the Pain Patient Bill of Rights.

Sincerely,

Joseph A. Bobich, Ph. D.
Professor of Chemistry, Emeritus

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: knowwonknows@hotmail.com
Subject: Submitted testimony for SB689 on Feb 13, 2013 13:30PM
Date: Monday, February 11, 2013 8:25:49 PM

SB689

Submitted on: 2/11/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kenneth Peeler	Individual	Support	No

Comments: Vote yes on industrial and edible and medical with KNOW gmos

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From: [Lee Eisenstein](#)
To: [HTHTestimony](#)
Subject: SB 689 – Relating to Pain Patients Bill of Rights
Date: Monday, February 11, 2013 8:00:57 PM

To: Senator Josh Green, Chair
Senator Roz Baker, Vice Chair
From: Lee Eisenstein
RE: SB 689 - Relating to Pain Patients Bill of Rights
Hearing: Wednesday, February 13, 2013, Room 229 at 1:30 p.m.
Position: Strong Support

Aloha,

Marijuana has been used safely and effectively around the world for centuries, for reducing and controlling pain and preventing and controlling hundreds of other conditions and diseases.

Animal studies have documented life extension properties in marijuana.

"125 Year Old Woman Claimed Smoking Pot Everyday Was Her Secret To Long Life [INDIA]

December 4, 2006 - allheadlinenews.com

A 125-year-old woman, said to be one of the oldest women in India, died at her home in Orissa, her family said Sunday. Fulla Nayak claimed that smoking cannabis every day was her secret to long life.

Fulla Nayak, a resident of Kanarpur village in the coastal district of Kendrapada, died of old age complications Saturday.

According to her 72-year-old grandson, Fulla was 125. But as per a voter photo identity card issued by the government in 1995 she was 120 years.

The grand old woman lived in a small mud-walled thatched house in Kanarpur, about 25 km from the district headquarters. She is survived by two of her four daughters and around two dozen relatives.

Her eldest daughter, Jamuna, 92, lives in the same village. Her husband died at the age of 50.

Fulla was in the news when her grandson Narayan Nayak claimed last week that she could be the oldest woman living in the world. He had said that he would write to the Guinness book authorities to record the claim.

Fulla was known for her love of smoking ganja and cigars and palm juice. She also loved steaming hot tea.

She had never suffered any debilitating ailment throughout her life. Except for her weak eyesight, Fulla maintained good health and used to walk without support. "

As a person familiar with chronic pain, I can say that it is effective. It also is highly effective at reducing tooth pain, as I was surprised to discover. My dentist, wasn't surprised at all and said patients tell him that all the time.

Consuming raw, fresh, non-psychoactive, (no high), marijuana is strongly effective against MERSA, the dreaded, drug resistant staff that is a bane of American hospitals, according to wikipedia. As someone who recently was diagnosed with MERSA and knocked it to it's knee's overnight, much to the delight of my pharmacist, who was astounded when he saw a photo of the large abscess I had had, less than eighteen hours before, which was now ninety percent reduced in size and swelling. Adding antibiotics, the infection was gone within days.

Criminalizing the use of marijuana to treat MERSA and dozens of other conditions and diseases, is immoral and indefensible, in view of the facts. The medicinal use of marijuana throughout world cultures and history is clear and unambiguous. It's benign and effective.

At the very least, keep the use of marijuana for pain, legal.

Aloha,
Lee

< <http://members.cruzio.com/~lionel/dreamerdemo.htm> >

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: Mark@solights.com
Subject: *Submitted testimony for SB689 on Feb 13, 2013 13:30PM*
Date: Monday, February 11, 2013 8:48:09 PM

SB689

Submitted on: 2/11/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Mark Nelson	Individual	Support	No

Comments:

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From: [Mary Marvin Porter](#)
To: [HHTestimony](#)
Subject: Support of SB689 - Relating to Pain Patients Bill of Rights
Date: Tuesday, February 12, 2013 10:03:06 AM

To: Senator Josh Green, Chair
Senator Roz Baker, Vice Chair
From: Mary Marvin Porter, Island Eyes Video
RE: SB 689 - Relating to Pain Patients Bill of Rights
Hearing: Wednesday, February 13, 2013, Room 229 at 1:30 p.m.
Position: Strong Support

I am strongly in support of this bill, having had personal experience of it's unique ability to help a person in pain. I was close friends with a man quadriplegic from a car accident in which he was passenger and had his neck broken. He had almost constant phantom pains in his legs and also spasms. Marijuana would stop the spasms and reduced the pain enough that he could enjoy life, using his mental abilities to continue to be productive, directing his attendants in growing plants and creating a beautiful garden, and also creating lovely paintings, with brush in his mouth.

Marijuana is also a wonderful aid in reducing pain from Menstrual cramps, which affects many women.

Medical Cannabis as a treatment for pain deserves to be in the 2008 Pain Patients' Bill of Rights.

Please support SB689

Mahalo,

Mary Marvin Porter
HCR 1, Keaau, Hi. 96749

lovely paintings, with brush in mouth.

Marijuana is also a wonderful aid in reducing pain from Menstrual cramps, which affects many women.

Medical Cannabis as a treatment for pain deserves to be in the 2008 Pain Patients' Bill of Rights.

Medical Cannabis as a treatment for pain deserves to be in the 2008
Pain Patients' Bill of Rights.

medical cannabis
has helped them relieve pain, improve their quality of life, or
decrease the use of prescription drugs and their severe side-effects

To: Senator Josh Green, Chair
Senator Roz Baker, Vice Chair
From: Mary Marvin Porter of Island Eyes Video
RE: SB 689 - Relating to Pain Patients Bill of Rights
Hearing: Wednesday, February 13, 2013, Room 229 at 1:30 p.m.
Position: Strong Support

Aloha,

I am strongly in support of this bill and recognizing the

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: matrifkin28@gmail.com
Subject: Submitted testimony for SB689 on Feb 13, 2013 13:30PM
Date: Monday, February 11, 2013 3:03:27 PM

SB689

Submitted on: 2/11/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Matthew Rifkin	Individual	Support	No

Comments: I was a resident of Hawaii for 10 years and a medical cannabis patient for more than 6. I write in support of adding cannabis to the Pain Patient's Bill of Rights because it will make clear that cannabis is a medicine and that every patient can consider its use. The Dept of Public Safety has published a pamphlet that says "Know the facts: marijuana is not medicine". They are wrong. In the state of Hawaii, it is medicine...put it into the Pain Patients Bill of Rights and make it clear to them.

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To: Senator Josh Green, Chair
Senator Roz Baker, Vice Chair
From: Michael Amos
RE: SB 689 - Relating to Pain Patients Bill of Rights
Hearing: Wednesday, February 13, 2013, Room 229 at 1:30 p.m.
Position: Strong Support

Aloha Everyone,

I am a former High School football, and College and National Team Rugby player. The reason it says former is because I was injured. For a year the doctors gave me the usual Vicodin, Percocet, and even Oxy although I said no to that one. It wasn't until I was 20 and used Cannabis that I found something that worked and was able to function as a normal person again. I began rehab on my shoulder and when I went to college was able to play rugby again. Since then I have had two shoulder surgeries and have used Cannabis as the main pain killer for both. Cannabis is a lot better and a lot safer than the other stuff. Mahalo for your time.

Sincerely

Michael Amos

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: h281dad@aol.com
Subject: Submitted testimony for SB138 on Feb 13, 2013 13:30PM
Date: Tuesday, February 12, 2013 12:07:49 PM

SB138

Submitted on: 2/12/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
michael HODSON	waimea hawaiian homestead asso	Support	Yes

Comments: The island of Hawaii is the most under served for Native Hawaiian Health. Specifically in the South Kohala District (Waimea)who has the highest Hawaiian Population per capita 38.8% We are putting Hawaiian Health in Hawaiian Health practitioners hands.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: myberney@hotmail.com
Subject: Submitted testimony for SB689 on Feb 13, 2013 13:30PM
Date: Friday, February 08, 2013 2:08:18 PM
Attachments: [SB689 testimony.odt](#)

SB689

Submitted on: 2/8/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Myron Berney	57% and GROWING	Support	Yes

Comments: Two Thumbs Up for pain management but Marijuana treats more than just pain. Good to have the Patient Bill of Rights include Marijuana as a safe and effective medicine.

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Dr. Myron Berney SB689 Full Support as written

COMMITTEE ON HEALTH
Senator Josh Green, Chair
Senator Rosalyn H. Baker, Vice Chair

DATE: Wednesday, February 13, 2013
TIME: 1:30 p.m.
PLACE: Conference Room 229
State Capitol
415 South Beretania Street

SB 689

RELATING TO PAIN PATIENTS BILL OF RIGHTS.

Clarifies that the medical use of marijuana is considered to be consistent with the pain patient's bill of rights.

Honorable Chair and Committee Members:

FULL SUPPORT

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: punarasta@yahoo.com
Subject: Submitted testimony for SB689 on Feb 13, 2013 13:30PM
Date: Tuesday, February 12, 2013 11:19:26 AM

SB689

Submitted on: 2/12/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Waite Harris	Individual	Support	No

Comments: Aloha and thank you for reading my testimony. I would like to testify about this personally, but my health and the distance prevent it. I am a medical marijuana patient, and I have a painful condition, post-traumatic osteoarthritis. This bill applies directly to me. My condition is such that even ordinary everyday tasks, such as getting a glass of water, or writing this testimony, are difficult for me. Please consider the suffering of those of us who are in pain much of the time, and support this bill to ease our suffering, and ensure that we who require medical marijuana are treated no differently than those who do not.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: randomskypie@yahoo.com
Subject: Submitted testimony for SB689 on Feb 13, 2013 13:30PM
Date: Tuesday, February 12, 2013 8:18:45 AM

SB689

Submitted on: 2/12/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Pam Brewer-Fink	Individual	Support	No

Comments: I am writing in support of this bill-SB689. Medical Cannabis deserves to be in the 2008 Pain Patient's Bill of Rights. It has been proven to be an effective treatment in the reduction of pain. It does not have the side effects, or being potentially habit forming as other pain medications. I am 63 yrs.& use cannabis to help my arthritis & sciatica pain. It really does help! It also helps with my stomach & it helps me have a better appetite. We should have the CHOICE of which drugs we want to use for our maladies, not what is dictated by politicians..everyone needs to get over their PREJUDICE of this plant, & look at some research on what it is doing in the healing world.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: pamelapcm@gmail.com
Subject: *Submitted testimony for SB689 on Feb 13, 2013 13:30PM*
Date: Friday, February 08, 2013 1:29:58 PM

SB689

Submitted on: 2/8/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Pamela Williams	Individual	Support	No

Comments:

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From: [Ra Richards](#)
To: [HTHTestimony](#)
Subject: support
Date: Tuesday, February 12, 2013 10:57:57 AM

February 12, 2013

Re: Medical Marijuana in Hawaii

To Whom It May Concern,

I am a sixty year old male with Ankylosing Spondylitis. Ankylosing spondylitis is a long-term disease that causes inflammation of the joints between the spinal bones, and the joints between the spine and pelvis. It eventually causes the affected spinal bones to join together. It is sometimes known as Spinal Arthritis and is a very debilitating and chronic condition. I was diagnosed at Loma Linda University Medical Center many years ago and I have suffered with this painful disease for over 25 years. Along with the spinal problems, I have peripheral joint involvement in my feet, knees, and elbows that produce painful swelling and has resulted in 10 to 20 per cent joint contractures in my left arm and both legs. I also have iritis in my right eye, which is arthritis of the iris of the eye.

Medical Marijuana is very beneficial in the treatment of my disease. I am able to get some relief from the constant pain. I usually take Medical Marijuana only in the evenings to obtain some relief from the chronic pain. As is common with chronic disease, I often suffer from major depression. Medical Marijuana helps to ease my depression also.

There is absolutely no doubt that Medical Marijuana has improved my quality of life a great deal and is an integral part of my treatment along with Bupropion, Tramadol, Carisoprodol, Cyclobenziprine, Prednisone, Cafergot and Atropine Sulfate. Some of these drugs cause stomach problems and Medical Marijuana helps combat those symptoms also.

Please don't take Medical Marijuana away from me and the thousands of other patients

that benefit from it's use. Cancer, Glaucoma and many other diseases are helped by the use of Medical Marijuana. This is a known fact. The Federal Government is wrong in their statement that there are no medical uses for Marijuana. I believe this is an attempt by the big drug companies to deceive and manipulate the American Public.

If you need any further information about me or my disease, feel free to contact me and I will be happy to cooperate and help in any manner possible.

Sincerely,

Rick Richards

82-6148 Muliwai Place

Captain Cook, HI 96704

kantspel@hawaii.rr.com

(808) 323-3763

From: [Ren Walker](#)
To: [HTHTestimony](#)
Subject: SB 689 – Relating to Pain Patients Bill of Rights
Date: Tuesday, February 12, 2013 10:23:36 AM

SB 689 – Relating to Pain Patients Bill of Rights

ALOHA

I AM A BORN AND RAISED IN HAWAII GUY AND HAVE HAD 14 OPS ON MY LEGS. MY RIGHT ANKLE RESPONSIBLE FOR 8 OF THEM, AND THE DAMNED THING HURTS EVERY STEP I TAKE, EVERY SINGLE DAY. MY CHOICES, I AM TOLD BY DR, KIMO HARPSTRITE, HAWAII'S BEST ORTHO, ARE LEAVE AS IS, TRY BE ACTIVE SO ANKLE DOESN'T FUSE TOGETHER; BE TOTALLY INACTIVE SO ANKLE DOES FUSE, AND THEN JUST GIVE UP ALL ACTIVITY THIRD; CUT IT OFF AND GET A PROSTHETIC FOOT. I MET A WOMAN IN COSTCO (KONA) LAST WEEK WHO HAS A MORPHINE PATCH, RIDES IN THE ELEC SHOPPING SCOOTER, AND SHE IS GOPING TO DO EXACTLY THAT

I DO NOT HAVE HER FAITH IN SURGEONS, I CANNOT TAKE ANY MORPHINE DERIVATIVE, CODINE, PERFECT ETC...ALL MAKE ME SICK TO BAD, AS THO' THEY DO KILL PEOPLE, FROM BRUCE LEE TO WHITNEY, PX DRUGS ARE CHEAP AND LEGAL AND HASSLE FREE; PAKALOLO MAKES ME THINK OF OTHER THINGS TO GET PREOCCUPIED WITH, RATHER THAN MAKE ME PAINLESS, IT COSTS MORE, HAS A STIGMA OF PROHIBITION ATTACHED TO IT TOO..

I WOUL DBE HAPPY TO ATTACH THIS PIX OF MY RIGHT FOOT SO YOU CAN GET AN IDEA OF WHAT I GO THRU. I DO BELIEVE THAT GOD GIVES EVERYONE SOME PAIN BUT I ALSO BELIEVE MINE IS NO WORSE THAN OTHER PEOPLE'S I JUST HAVE TO FIND RELIEF IN A MORE HERBAL METHOD RATHER THAN SYNTHESIZED DRUGS.

PLEASE RESPECT THE MUM PATIENTS, WE ARE NOT CRIMINALS, JUST FELLOW PEOPLE IN PAIN. I ALSO USE ICE PACKS AND HAVE 7 OF THEM IN THE CHEST FREEZER. THEY ARE NUMBERED, SO ODD AND EVEN DAYS GET THE APPROPRIATE PACK, AS FOR MY PAIN, IT TAKE TWO DAYS FOR THE PACK TO REALLLLY FREEZE, THEN I LEAVE IT ON MY ANKLE FOR 2 HOURS AT A TIME, SOMETIMES NEEDING A SECOND PACK TO GO ANOTHER 1 (TOTAL OF 3) I HAVE BEEN ICING MY LEGS SINCE 1964 WHEN HAD FIRST OPERATION (A SUB TAYLOR ARTHRODESSIS) AND HAVE LEARNED TO

LOVE IT
MAHALO FOR ANY KOKUA YOU CAN GIVE US MUM PATIENTS PLEASE
ALOHA
REN WALKER

From: [Robert Petricci](#)
To: [HTHTestimony](#)
Subject: SB 689 - Feb 13, 2013 1:30 PM
Date: Tuesday, February 12, 2013 4:39:11 AM

To: Senator Josh Green, Chair
Senator Roz Baker, Vice Chair
From: Robert Petricci
RE: SB 689 - Relating to Pain Patients Bill of Rights
Hearing: Wednesday, February 13, 2013, Room 229 at 1:30 p.m.
Position: Strong Support

Aloha chair Green and committee members.

My name is Robert Petricci. There can be no doubt medical cannabis is effective in relieving pain. I am a living example of that. I am 57 years old and have had arthritis in my knees for fifteen years. I find cannabis to be an extremely useful treatment and have used it off and on over the last 15 years.

Over that time I have tried supplements like Glucosimine, among others, and anti inflammatory drugs such as Declofenec, Celybrex, Meloxicam, aspirin, and many others. My primary care physician for many years has been Earnest Bade out of Hilo. We have tried everything he can think of and I found cannabis brings me the greatest all around relief. I get some anti inflammatory relief and at the same time it controls my pain. I also find it relaxing. I get peace of mind from cannabis none of the other medications can provide, it feels good. It is comforting to know I am not going to have a heart attack or liver damage even if I were to use it over a long period of time. I am not going to overdose even if I need to use more often at times, none of the other options provide that level safety. I like that, I do not like pills, or what they do to me.

I have stomach issues with the pills (burning) so I rarely take them anymore. Having used Vioxx, before it was removed from the market because of the deaths it caused I feel fortunate. I decided after that to research the side effects of Celybrex, Declofenec, and Meloxicam. What I learned was more than concerning it was scary. After the stomach problems I found the other risk of long term use unacceptable. Cannabis does not put my liver, heart, or stomach at risk. I understand the potential for abuse, but I have not had that problem. Other people can make the choice about whats best for them but I think I should be able to make an informed decision about what health treatment is best for me. This is my quality of life that is being decided here, I have to say with all due respect I resent having to get a special license and being seen as a criminal because of the medical condition I have and the choices I make with my doctor in how to treat it. It's offensive to have my medical problems put on display and challenged. Particularly when I could easily get some strong narcotics prescribed for the same problem. It makes no sense from a public health standpoint.

As I am sure Dr. Green is aware one of the possible side effects of most or all anti inflammatory drugs is death from heart attack or liver failure. On the other hand with cannabis that is not the case. After using cannabis for over 10 years I find I am able to work and live a much more productive life because of it.

The most serious negative health impact I have found from marijuana was being threatened with arrested for it. When I travel my arthritis goes with me however if I take my doctor approved cannabis I am subject to arrest and prosecution.

I find it frustrating, and offensive that the safest treatment I have found is the only one I can not take with me or use when I need it in other situations as well.

It is my opinion that law enforcement has no place in a doctor patient relationship. No one could possibly consider Dr. Bade anything but a honest, knowledgeable, experienced and talented MD, yet the treatment we have come up with together puts me at risk not from the actual cannabis but because of the archaic, dehumanizing, laws. IMO it is time to quit persecuting patients because of some outdated policy that has never worked anyway.

I humbly would appreciate if you would fix that. I have been waiting over 10 years for relief, living with the fear of the extreme financial hardship, stress, and hardship arrest and prosecution present.

Cannabis has been proven to be effective in the treatment of pain and has helped me reduce and even eliminate drugs that are risky and dangerous particularly to the liver and heart when used for extended periods as is required with a disease like arthritis.

Cannabis is a safe medication that has not produced dependance issues in my case, in other words I have never experienced any type of reaction when I do not use cannabis. Hawai'i Medical Association (HMA) passed a resolution recommending that cannabis be rescheduled so that it can be prescribed by physicians. I do not need any studies to tell me cannabis works, I have used it, it works. I have found in my case that it has not been habit forming much less, addictive. When I hear arguments to the contrary and find it interesting that Oxycontin, Percocete, and other narcotics that are extremely addictive and cause many deaths every year are easier to get (by prescription) than cannabis drugs. For the life of me I can not understand how those drugs and even the anti inflammatory drugs I have used are considered less problematic than cannabis preparations. I consider myself reasonably intelligent, I have some experience at age 57 years old having used a good many prescription medications over my life time. People die from taking over the counter drugs like aspirin every year and many thousands die from prescription drugs but I can not find any that have died from an adverse reaction to or overdose of cannabis.

Medical Cannabis as a treatment for pain works, I am living proof and have documented that with Dr, Bade, please include cannabis in the 2008 Pain Patients' Bill of Rights.

Pain Patients' Bill of Rights guarantees acute and chronic pain patients the "right to request or reject all treatment modalities;"

why is the safest treatment denied this right? The science is there, this seems to be political. Our lives are torn apart because of someones political agenda of unfounded even hysterical nonsense. I apologize but far more harm is done to cannabis patients by current policy than by cannabis. It makes no sense. This is a medical issue lets quit making it a criminal one.

Thank you very much for hearing and considering this bill.

Robert Petricci

From: [Robert Slavin](#)
To: [HTHTestimony](#)
Subject: TESTIMONY in favor of SB 689
Date: Tuesday, February 12, 2013 12:03:57 PM

To: Senator Josh Green, Chair
Senator Roz Baker, Vice Chair
From: Robert Slavin
Re: SB 689 - Relating to Pain Patients Bill of Rights
Hearing: Wednesday, February 13, 2013, Room 229 at 1:30 p.m.
Position: Strongly Supporting

TESTIMONY in favor of SB 689

As I understand it, SB 689 seeks to include medical marijuana patients in the Pain Patient Bill of Rights, to affirm that they have the right to participate in choosing their own best medical care. I am such a person, and have found relief from a moderate use of cannabis - so much less impairing than the narcotics that my doctors prescribe.

I am 70 years old and suffer from an array of neuropathies & paresthesias related to degenerative changes occurring in my knees, neck, ankles and probably more in my future. This can be severe and debilitating. I had a knee replacement performed last year. Please believe me when I say that my pain is eased by this natural substance. This is backed up by studies concluding that marijuana is effective in controlling chronic pain, and an extremely safe medication.

Please do not move regressively with the medical marijuana program.

Thank you,

Robert Slavin
1129 Rycroft St. #208
Honolulu, HI 96814
(808) 596-8843

From: [Rocky Sherwood](#)
To: [HTHTestimony](#)
Subject: SB689
Date: Tuesday, February 12, 2013 10:54:46 AM

Please pass this bill to keep medical marijuana a viable choice for patients dealing with chronic pain. The issue is vital to the quality of life for many citizens of the state. Mahalo, Diane S. Holck, Captain Cook , HI.

Sent from my iPad

From: [Roger Christie](#)
To: [HTHTestimony](#)
Subject: Testimony on SB 689
Date: Tuesday, February 12, 2013 12:24:48 PM

To: Senator Josh Green, Chair
Senator Roz Baker, Vice Chair
From: Roger and Share Christie
RE: SB 689 - Relating to Pain Patients Bill of Rights
Hearing: Wednesday, February 13, 2013, Room 229 at 1:30 p.m.
Position: Strong Support!

Aloha to thee. Share and I write to you in strong support of SB 689 Relating to Pain Patients Bill of Rights.

Hawai'i's medical marijuana law was a fine beginning back in 2000 and it now needs upgrades to assure greater effectiveness for the many Hawai'i citizens who suffer from pain and who can benefit from the safe and natural herb. This is about exercising basic human compassion and assuring a simple, natural home remedy for our people in need.

Growing a safe supply of natural herbs for effective home remedies is a time-honored tradition Grandfathered-in to generations out of time. Medical marijuana has been proven safe, inexpensive and effective for thousands of years of use by cultures over most of the world. Hawai'i has the perfect conditions for growing premium medical marijuana for juice, tea, tincture, topical salve, vapor and smoke. With the rising costs of health care - and a lack of doctors and related medical services throughout the state - our people deserve full respect for choosing to use medical marijuana with their doctor's recommendation. Please make it as safe and as easy as possible for them to do so. It's the moral thing to do. Mahalo.

* Please view the short movie called LEAF on YouTube for more information on the benefits of juicing Cannabis leaves.

All the best to everyone,

Roger and Share Christie

The Hawai'i Cannabis THC Ministry
www.THC-Ministry.org

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: buzzzed@msn.com
Subject: Submitted testimony for SB689 on Feb 13, 2013 13:30PM
Date: Monday, February 11, 2013 3:48:09 PM

SB689

Submitted on: 2/11/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Sandy Webb	Individual	Support	No

Comments: Sandy Webb, RN 73-993 Ahikawa St Kailua-Kona, HI 96740 Strong Support of SB 689 I have worked as a health-care professional for over 30 years (ICU, ER, Radiology, and education). I have never seen the rights of a patient so blatantly ignored and harassed as in the specialty of Medical Cannabis. As a nurse I am a patient advocate, standing up for and speaking up for all patient populations. That is why I strongly support SB 689. The addition of Medical cannabis patients to the "Pain patient Bill of right" is only right and just. The original intent of the medical program was to aide patients with chronic and debilitating conditions. It specifically includes the pain patient. It was set up to help patients, not exclude them from equal medical rights. Only a physician can be the judge when it comes to a patient's condition. These are just a few questions you need to ask yourselves before you decide to exclude a pain patient's right to protection under the law. 1. Would you like to experience daily severe/ chronic pain without the right to choice of treatment options? 2. Would you like it if you were forced to use a medicine that causes dependence, constipation and addiction (like Oxycontin)? Has side effects that cause bleeding ulcers (like the non-steroidal anti-inflammatories, aspirin, Advil and Aleve)? When there is a perfectly safe and effective alternative that you much prefer using and has been legal for use in the state of Hawaii for 12 years? 3. Would you like it if you were in pain and nobody believed you? 4. Will you really deny this group of pain patients the right of choice for a legal medicine in the state of Hawaii? 5. Will you deny a pain patient effective pain control? I respectfully ask for you to support the inclusion of the Medical Cannabis patient to the Hawaii Pain Patient Bill of Rights. Mahalo

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: saralegal@live.com
Subject: Submitted testimony for SB689 on Feb 13, 2013 13:30PM
Date: Monday, February 11, 2013 8:27:33 PM

SB689

Submitted on: 2/11/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Steiner	Individual	Support	No

Comments: Dear Legislators, I am a medical marijuana patient on the Big Island of Hawaii. I am strongly supporting this bill as my right to use marijuana as a safe non-addictive plant for pain control and protecting my body from the disgusting side effects of prescription pain killers which are addictive, mind-altering, and have deadly side-effects to my organs. Thank you for passing this bill. Sincerely, Sara Steiner
P.O. Box 1965 Pahoehoa, HI 96778

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: sharechristie@gmail.com
Subject: Submitted testimony for SB689 on Feb 13, 2013 13:30PM
Date: Tuesday, February 12, 2013 11:41:33 AM

SB689

Submitted on: 2/12/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Share Christie	Individual	Support	No

Comments: Aloha, As a community member, a THC Ministry member, and a person on conscience, I urge you to pass this bill. To us, Cannabis is both a medicine and a sacrament. Please remember that there are so many people who suffer extreme pain, and that some of them have needed to deal with severe, intractable pain by using medical Cannabis. Those medical Cannabis patients are as much in need of a Pain Patients Bill of Rights as those who use pharmaceuticals. Cannabis is a safe, effective treatment for pain and many who use it have been able to reduce their use of more dangerous drugs. Thank you for accepting our testimony, for taking the time to read it, and for all of your public service.

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From: [Subhadra Corcoran](#)
To: [HTHTestimony](#)
Subject: sb689
Date: Tuesday, February 12, 2013 8:35:54 AM

I support the patients use of marijuana. I support the patients bill of rights. Mrs. Corcoran

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: alohalways@gmail.com
Subject: *Submitted testimony for SB689 on Feb 13, 2013 13:30PM*
Date: Monday, February 11, 2013 7:17:50 PM

SB689

Submitted on: 2/11/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Tanja Miller	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: victoriahokulani@gmail.com
Subject: *Submitted testimony for SB689 on Feb 13, 2013 13:30PM*
Date: Monday, February 11, 2013 11:08:51 PM

SB689

Submitted on: 2/11/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Victoria Latenser	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: vince.callagher@gmail.com
Subject: Submitted testimony for SB689 on Feb 13, 2013 13:30PM
Date: Tuesday, February 12, 2013 7:41:07 AM

SB689

Submitted on: 2/12/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
vincent callagher	Individual	Support	No

Comments: Please keep the patients pain bill of rights consistent with the use of medical marijuana.

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From: [Virginia Farver](#)
To: [HTHTestimony](#); [PSMTestimony](#); [CPCtestimony](#); [EETestimony](#); [HLTtestimony](#)
Subject: FW: SDSU Brain Cancer Cluster - UCSD Breast Cancer Cluster
Date: Thursday, February 07, 2013 9:29:12 AM
Attachments: [Nasatir Hall pictures.jpg](#)
[richards graduation Picture.jpg](#)

Attached below is the Story of My SON!! PLEASE PASS THIS LEGISLATION FOR - BILL SB 638!

From: vrfarv@hotmail.com
To: rokeefe@mail.sdsu.edu; cmcnutt@mail.sdsu.edu; grivera@mail.sdsu.edu;
eanderberg@mail.sdsu.edu; mcecil@mail.sdsu.edu
Subject: SDSU Brain Cancer Cluster - UCSD Breast Cancer Cluster
Date: Wed, 6 Feb 2013 15:18:27 -0700

Dear SDSU Associated Student Body Representatives,

My name is Virginia Farver from Fort Collins, CO.. I'm writing in response to the Death of my Son, Rich. Rich, passed away on October 11, 2008 from Glioblastoma Multiforme Brain Cancer. Dr. Vrijish Tantuwaya a Neurosurgeon from Poway California told the family that," Rich's cell phone was the cause." Dr. Richard Marschke, an Oncologist here in Fort Collins told the family that this," Was not genetic."

Approximately 9 months after Rich's death, August 7, 2009 I found articles about a,' Brain Cancer Cluster on the SDSU - San Diego State University Campus.' I'll put some links below. Rich, is the graduate student mentioned in these. I immediately started to contact the SDSU Administration and found this futile. I then drove out to San Diego staying the whole month of October, 2009. I met with Professors Nancy Speckmann and Farid Abdel-Nour off campus for meetings. Both Professors told me that Rich, would spend long hours in Nasatir Hall, Room 131. This is the building and room on campus where most of the Brain Cancers were located. Rich, was a TA for Nancy Speckmann and would spend long hours in this building and room. Rich, would meet students, grade papers and be in this building and room on weekends studying.

After arriving back home the SDSU Administration sent me an,' Epidemiological Report,' written by Dr. Thomas Mack. 3rd paragraph in this report he mentions that he has," No known knowledge of Chemical or Radiaiton concerns and therefore are none." I e-mailed Dr. Mack and he called me at home. I asked him about a specific HUGE cell tower on top of the Communciations Building overlooking Nasatir Hall. Dr. Mack denied this could be the cause and brushed this off rather quickly. I then told him of," Everyones Concerns." He said," They should be concerned." At first this comment made me furious and made absolutely no sense. Because of Dr. Mack's report, the SDSU Administration will not conduct a Toxicology Study. These Professors have requested one and were denied. I have also requested one on many occasions, never receiving a response. I then contacted the Governors Office, Area Representative Marti Emerald, Mayors Office and many Governmental Agencies. ALL referred me back to the SDSU Administration. Many of these Agencies support the SDSU Administration:

www.foundation.sdsu.edu/pdf/about_2011/12_Sponsor_listing.pdf.pdf

I decided to look into this cell tower on my own. It is a HPWREN - High Performance Wireless Research and Educational Network, a Backbone Node to the UCSD Supercomputer in San Diego. It is also GWEN - Ground Wave Emergency Network, with emissions known to hug the ground. Nasatir Hall, Room 131 was located on the bottom 1st floor of a 3 story building. HPWREN is connected to the Lambda Rail, Tera Grid, PRAGMA Grid. Combined the,' SMART GRID.' It is the engineers and scientists behind this grid who are developing Smart Meters, Drones, RNM Technologies, among others. Smart Meters will be,' Deployed,' across the U.S. and other countries and emit dangerous levels of RF radation. This cell tower includes, Homeland Security, DoE, DoD, DARPA, Navy, Air-Force, SPAWARS, NASA (Inmarsat Satellite, connection to the Smart Grid), NIH, Emergency Services and Many Corporations!! These Grids are connected across the nation and are mostly funded by the NSF - National Science Foundation, (our TAX DOLLARS). The University of Alaska does research through the HAARP

facility:

www.gi.alaska.edu/students/PARS

There are 2 connections on the SDSU Campus. The cell tower on top of the Communications Building which towered above Nasatir Hall, and one on top of the KPBS News Station on campus. Both cell towers are approximately 1/4 mile apart, and are both considered being located on the highest points of the campus.

GWEN- Ground Wave Emergency Network cell towers are on tops of Communications Buildings and are on Government Land:

SDSU IS A STATE COLLEGE:

coldwar-c4i.net

<http://hpwren.ucsd.edu/news/021223.html>

HPWREN -

SPAWARS: <http://hpwren.ucsd.edu/news/20060720/>

HPWREN - Inmarsat Satellite:

<http://hpwren.ucsd.edu/news/010926.html>

Extending the Reach of Communications on the grid:

www.inmarsat.com/Support/Manuals/index.html

On August 7, 2009 the very 1st articles that came up were about a, 'Breast Cancer Cluster on the UCSD San Diego Campus.' Notice in these articles that Dr. Leeka Khiefets who did research and worked for the, 'Electrical Power Research Institute.' She was commissioned by the University of UCSD to write a report. Epidemiological Reports have been written for both Cancer Clusters at UCSD and SDSU. Epidemiological Reports are about Statistics. The proper investigation should have been, and should be Toxicology Studies. I cannot get the link to come up, but if you type in, 'NYTimes 2009 UCSD Breast Cancer Cluster,' it should be the 1st link. Please, read this report and click on: FULL REPORT. Page 4 mentions Many other cancer victims than reported. Page 27 has a special Thanks to Jim Turman from SDG&E in San Diego. These people should have been excluded from these investigations and they are in a complete violation of, 'Conflict of Interest.' Had there been proper Toxicology Studies at both Schools, the whole Smart/AMI metering could have been avoided!! ANYTHING WIRELESS IS DANGEROUS!

www.youtube.com/watch?v=0cMudznSQPs

[www.10news.com/news/electromagnetic-expert-](http://www.10news.com/news/electromagnetic-expert-investigates-ucsd...)

[investigates-ucsd...](http://www.10news.com/)

www.10news.com/

ALL cell phone manuals say to keep away from your heads and bodies. BlackBerry Torch (no longer in Production): keep .98 inches away from heads and bodies, and for pregnant women and Teenagers to avoid putting these devices near their lower abdomens. The SDSU Brain Cancer Cluster was Instrumental in the WHO - World Health Organization reclassifying Non-Ionizing Radiation to a Class 2B Carcinogen, May 2011, the same as DDT and Lead. This Classification was VERY close to being a Class 2A Carcinogen. Ionizing Radiation (X Rays) damage cells or DNA Instantly. Non-Ionizing Radiation is ACCUMULATIVE, the more received, the more cell or DNA damage. This is true for WiFi (Cindy Sages BioInitiative Report - 1 hour of WiFi is equal to 20 minutes of cell phone exposure, cell or DNA damage seen at 300 hours), Cell Towers, Cell Phones, Smart/AMI metering, Powerlines, etc.... ANYTHING WIRELESS!!

Rich, exhibited many symptoms that I now know as, 'Electro-Sensitivity Symptoms.' Headaches, Anxiety or Depression (panic attacks), Rash (across the bridge of his nose), Endocrine Problems, (Excessive under arm sweating, which mysteriously disappeared after leaving SDSU), EXTREME FATIGUE, Sinus Problems (Rich, was suffering from daily nose bleeds. He had a Dr's appointment for March 14, 2008, and was admitted to Sharpes Memorial Hospital on March 13, 2008 with bleeding in the brain), among other symptoms. There are over 120.

HERE ARE THE KNOWN SDSU BRAIN

CANCER VICTIMS:

RICH FARVER - diagnosed, and died from GBM Brain Cancer, October 11, 2008, 1 week after his 29th Birthday/ Nasatir Hall, Room 131

CHARLES CUTTER - diagnosed, and died from GBM Brain Cancer, June 19, 2008/ Nasatir Hall, Room 131

LOU TERRELL - diagnosed with Primary Brain Lymphoma (Brain Cancer), 2008/ Nasatir Hall, Room next to 131
DWIGHT ANDERSON - diagnosed, and died from Different form of Cancer/ Nasatir Hall, Room 131
RICHARD FUNSTON - diagnosed with GBM Brain Cancer in 1993 with Cell tower present and taken down in 1995 to once again, be replaced/ Nasatir Hall, Room 131
MRS. KATHY O'HARA - diagnosed with GBM brain Cancer, May 2008/ KPBS News Station Cell tower
MS. LAUREL AMTOWER - diagnosed with GBM Brain Cancer, November 2009, died August 29, 2010/ Arts & Letters Building, right next to Nasatir Hall. Within yards. Laurel was 44 at the time of diagnosis, and left behind a 12 year old daughter.
? SAMANTHA STAUBER - Regardless of timeline she is,or was,in the worst area of campus/ Arts & Letters

ARTICLES:

http://www.voiceofsandiego.org/science-article_6a12a31b-777c-5...
www.voiceofsandiego.org/science/article_6a12a31b-777c-5560-bf88-75...
www.voiceofsandiego.org/this_just_in/article_55020cc7-839f-533a-8a...
http://www.voiceofsandiego.org/this_just_in/article_55020cc7-83...
<http://healthjournalism.org/blog/2009/03/san-diego-cancer-cluster...>
http://www.nbcsandiego.com/news/health/SDSU_Room_Haunted_by_Cancer_San...
www.usnews.com/.../paper-trail/2009/03/11/sdsu-brain-cancer-deaths...
www.nbcsandiego.com/news/local-Coincidence-or-Cluster.html
<http://www.nbcsandiego.com/news/local/Coincidence-or-Cluster.html>
www.usnews.com/.../2009/03/11/sdsu-professors-question-cancer-deaths

EXPERTS:

Olle Johansson - WHO- WORLD HEALTH ORGANIZATION - Karolinska Institute Sweden
Susan Foster - Medical Writer in San Diego
Cindy Sage - BioInitiative Group
Christine HochSAFERWIRELESS
Doug Loranger - CLOUT - Cell Towers placements in S.F.
Janet Newton - EMR Policy Institute
Lloyd Morgan and Sam Milham - International EMF Collaborative/ Cell phones and Brain Tumors, 15 Reasons for Concern
UCSD, and his offer to investigate Cancer Cluster - denied
Study released 2010
Devra Davis - Environmental Health Trust/ DISCONNECT

Dirty Electricity - Mentions

FLAWS - of the Interphone

Attached is a picture I took of the HPWREN cell tower, Fall 2009. I was also on campus, Fall of 2011 armed with signs. The cell tower is still there and has since, been added onto. Nasatir Hall, is the building on the bottom left and Room 131 is the 1st bottom floor window closest too you. While on campus fall 2011 I observed kids sitting underneath this HPWREN cell tower in an outdoor courtyard for hours. I met with a woman who had a meter which registered very high levels of radiation. Also, I noticed that the KPBS News Station cell tower is now directly across the street from newly built Fraternity Row Housing units. Many of these newly adorned with metal balcony railings and metal windows , which attract radiation.

After the death of Ms. Laurel Amtower on August 29, 2010 I contacted San Diego NBC Producer Paul Krueger. Paul was very interested in doing another story and asked me to send in my information. Silence. A Reporter from the, ' San Diego Tribune,' called me at home. This gentleman, who would not reveal his name told me that this Story," Would never get out in San Diego." I asked," Why?" He replied," Because of Money."

NOTICE THE DEAD TREE FOLIAGE ON THE SURROUNDING TREES NEAR THIS TOWER!!

NOTICE MY SONS SKIN TONE AND SQUINTING WITH HIS RIGHT EYE AT

GRADUTATION: Tumor location, right frontal lobe

" If I was the FCC, I would Bust these Guys"

http://www.computerworld.com/s/article/76118/Agency_reduces_power_on_72_mile_WLAN_link

" I don't have to pay for it, and I don't have to go through the FCC"

www.qsl.net/kb9mwr/projects/wireless/72mi.txt

THE TIME HAS COME TO STAND UP!! I TAKE THE DEATH OF MY SON, RICH, VERY SERIOUSLY!!! CAN YOU HELP?

Sincerely,
Virginia Farver
1214 Belleview Drive
Fort Collins, CO. 80526
970-689-3798 corded landline only
vrfarv@hotmail.com

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: willsilver@hawaii.rr.com
Subject: Submitted testimony for SB689 on Feb 13, 2013 13:30PM
Date: Tuesday, February 12, 2013 11:16:25 AM

SB689

Submitted on: 2/12/2013

Testimony for HTH on Feb 13, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
William Navran	Individual	Support	No

Comments: I support the bill SB689 confirming the medical use of marijuana for pain. It has certainly been helpful in my situation where addiction to pharmaceutical pain medications is not an option in an ongoing pain condition due to stenosis and other lower back pain complications due to pinched nerves.

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