

Testimony of Valerie Corral
Before the Subcommittee on Crime, Terrorism, and Homeland Security

Hearing on the Drug Enforcement Administration's Regulation of Medicine
Thursday, July 12, 2007

Mr. Chairman, distinguished members of the committee, I thank you for inviting me to speak today.

Upon receiving confirmation that I would have the privilege to appear before you, my elation was tempered only by exhaustion. For three nights I have had the honor of caring for my beloved friend, a member of WAMM, the medical marijuana hospice that I co-founded, and medical marijuana patient who is nearing the end of her struggle with ovarian cancer. She is the single mother of a 15-year-old daughter, and today she lays dying at her home in Santa Cruz. As I stood by her bedside, the impact struck me deeply, and the importance of this opportunity grew profoundly tangible. It is difficult to deny personal experience, and having repeatedly witnessed the relief of suffering in hundreds of my dying friends leaves little room for doubt.

Today, thousands of seriously ill Americans face arrest and prosecution at the hands of the federal government. Why? Because our doctors recommend a medicine that is condemned without evidence. Science does not form the basis of the irrational decision to hold this medicine hostage. Yet, sick and dying Americans are willing to risk imprisonment because suffering is a greater enemy than the fear of our own government. We rely on the medicinal properties unique to marijuana to help us cope with a variety of debilitating diseases, including AIDS, cancer, epilepsy and multiple sclerosis. Marijuana provides otherwise unattainable relief from an array of unbearable symptoms, such as chronic pain, intractable vomiting and muscle spasticity, as well as from the side effects of allopathic drugs, pharmaceuticals that cause addiction, nausea and confusion. This simple medicine allows seriously ill people to gain a measure of control over symptoms and, in turn, the ability to affect the circumstances of death.

Despite the testimony of thousands of patients and doctors, coupled with a tome of scientific research confirming marijuana's medical value, our government, specifically the Drug Enforcement Administration (DEA), remains married to subversion in its denial of a state's right to protect its seriously ill citizens. It is not the purpose of government to stymie medical science, but to avail itself to the gathering of knowledge as it seeks to create a compassionate response to the ills of a nation and its people. Devoid of scientific rationale, the federal intransigence toward medical marijuana appears to be rooted in the political calculations of the "War on Drugs." Can our elected officials ignore an ever-growing patient force that decries the callous antics of a government which puts politics before people's lives?

On March 23, 1973, at the age of 20, I suffered a severe closed head trauma in a serious automobile accident, and my life was changed forever. As a result of the accident, I began to suffer as many as five grand mal seizures a day. When I began to convulse, my

parents would hold me on the floor while I foamed at the mouth and lost control of my bladder, urinating all over myself. During the seizures, I had no conscious control over my body, my mind or my being. Following the seizures, I typically slept for several hours and would wake up in tremendous pain with no memory of the seizures.

Doctors prescribed a myriad of anticonvulsants and pain medications. But the medications did not prevent the seizures and only minimally reduced my pain. Since phenobarbital and Dylantin offered little reprieve from the convulsions, my doctors added more prescription medications to my regimen. They prescribed a crippling anti-epileptic drug called Mysoline along with Percodan and Diazepam for pain. I did not fare any better with these medications. Each left me drunk with side effects and failed to alleviate my seizures. No medication or treatment offered me any hope.

These anti-convulsant and pain medications also sedated me to the point that I lived in a near vegetative state. My parents described me as “catatonic.” I felt like I was living under water. I was wholly dysfunctional. Friends and family had to remind me to eat. I could not think clearly. I slept fitfully. My doctors changed my medications and tried different dosages, but the seizures continued to strike with little warning. The medications affected my vision, disabling my ability to read. They also affected my joints and connective tissue, my kidneys and liver, and they depleted my white blood cells, diminishing my immune system and rendering me vulnerable to viruses. I constantly battled ordinary colds and flus, which often resulted in hospitalization.

Eventually, I became physically dependent on my medications. I descended into a deep pharmaceutical darkness that paralyzed me. I could not work. I discovered that I could not even cross the street by myself after an incident where I walked into oncoming traffic. On another occasion, I nearly drowned while taking a bath. I could not complete the simplest of tasks. Family and friends would not leave me unattended, because at anytime I could have been overcome by a seizure and injure myself. I spiraled into the isolation resulting from both the illness and the only drugs available to treat it. I survived this way for more than two years.

Meanwhile, my husband and caregiver, Mike Corral, scoured scientific and medical journals for a sign of some promising new therapy. His thorough research uncovered information that changed my life forever. He found an article published in a medical journal in the early 1970’s, discussing marijuana’s ability to control laboratory induced seizures in rats. This revelation, though hard at first for us to believe, offered a rare glimmer of hope. I yearned for any alternative to the powerful, debilitating prescription drugs and the ravages of the seizures and pain that consumed me. I obtained a small amount of marijuana and found that smoking it diminished my seizure activity almost immediately. Mike and I carefully figured out how much and with what frequency I should use medical marijuana to stave off my symptoms, and I adhered to that religiously. Whenever I felt an aura (the premonitory sensation that often precedes a seizure), I smoked a little more. To our amazement, it halted the onset of convulsions.

For the next two-and-a-half years, I slowly decreased the dosages of my various prescription drugs and finally stopped my anti-convulsants altogether. The only medication that I continue to rely on is marijuana. It controls my seizures and restores normalcy to my life. I can now do virtually everything that I did before my accident. I still experience neurological problems, but I live seizure-free because I use medical marijuana.

My personal experience with medical marijuana led me to share what I had learned with other patients, allowing me to again and again witness the benefits of medical marijuana firsthand. A particular patient, Harrold Allen, comes to mind. He was diagnosed with pancreatic cancer and given a prognosis of six months to live. His illness did not only devastate his health, it robbed him of his ability to provide for his family. Financially, he had to rely solely on state disability funding, which was not enough to pay for his prohibitively costly medication. Consequently, he lost everything, including his home, his automobile and family heirlooms. He reached a point where he was taking 42 Dilaudid per day. He substituted medical marijuana for the narcotics he was taking and within one day he ceased all narcotic use, without experiencing any withdrawal. His doctor once told me how astonished he was at the success of medical marijuana in Harrold's case and that he completely supported this alternative treatment. The miracle is that Harrold Allen lived six years beyond his prognosis.

It is because of just such experiences that, in the Spring of 1993, Mike and I co-founded the Wo/Men's Alliance for Medical Marijuana, WAMM, our hospice care community comprised of patients who rely on medical marijuana to quell the symptoms of grave illness. WAMM grew to a membership of 250 patients, mostly terminally ill. In the 14 years since our inception, 189 WAMM members have died – nearly one per month. Our collective serves as a critical support group for members and families who gather at our weekly meetings. Our members are as diverse as disease itself; still an intimate relationship with illness is the very thing that unites us. WAMM is committed to working in accordance with state law and in partnership with our local community and law enforcement agencies.

Unfortunately, the federal government seems to determined to sabotage our efforts. Both WAMM and the course of my own life were irrevocably changed the day the DEA focused its wrath on our small collective garden in Santa Cruz, California. Their target... Mike and me.

Early in the morning on September 5, 2002, Mike and I were awakened by the sound of approaching vehicles. With no warning, 20 to 30 armed DEA agents broke into our home with terrifying and overwhelming force. Yelling, with guns drawn, they commanded us to lie on the floor. They cuffed us and held guns to our heads. A paraplegic WAMM board member who sleeps with an assisted breathing device was staying at my home. She was awakened at gun-point by five agents, handcuffed, and ordered to stand, which she is physically incapable of doing. Officers brought me to the other house on the land, leaving my friend behind. Knowing the severity of her condition, I pleaded with them to remove her handcuffs and bring her to where we were

being detained. Eventually they did so and I noticed that she was experiencing difficulty in breathing. She mentioned that she was also experiencing chest pain and her blood pressure was dangerously high.

The officers proceeded to our collective garden, used to cultivate medical marijuana, and tore from the ground and seized 160 of WAMM's marijuana plants and seven plants growing in my personal vegetable garden. They also seized numerous allotments of marijuana that had been pre-sorted for correct patient dosages and were kept in assigned envelopes. Additionally, they took various pieces of property including personal laptops, and photographs. The confiscation of WAMM's medicine has had a devastating effect on our ability to serve patients and to mitigate suffering. In addition, WAMM members have expressed fear that our government will commit additional acts of reprisal against us because of our visibility. To date, neither Mike nor myself have been officially charged with any crimes stemming from the raid. It is worth noting that at the time of the raid all of WAMM's activities remained in full accordance with state law.

Following the DEA raid Santa Cruz County Supervisor Mardi Wormhoudt echoed the sentiments of our community when she said, "It is not reassuring to me to know that federal agents, instead of concentrating on issues of national security, are running around the mountains of Santa Cruz County disrupting the work of people who provide a valuable medical resource to the community."

In fact, both the City and the County of Santa Cruz County have signed on to our lawsuit against the federal government challenging the constitutionality of the DEA raid and seeking an injunction against future raids and arrests. The City of Santa Cruz has further enacted an ordinance establishing a mechanism for the provision of medical marijuana to qualified patients as an official government function. The ordinance becomes effective when federal sanctions are granted.

The situation in Santa Cruz offers a microcosm of the current tensions between the federal prohibition of medical marijuana and the will of the American people as expressed through mounting medical marijuana voter initiatives. Throughout our nation, patients and doctors, cities and states, are grappling with a means to provide medical marijuana to those in need. Twelve states have enacted legislation protecting qualified patients under state law, and more are destined to follow. But rather than allow the states to serve as laboratories for the federal system, current federal policy prevents states from establishing legitimate medical marijuana infrastructures – no matter how safe or secure such systems may prove. This leaves patients and state elected officials adrift in a legal morass – confident that medical marijuana is medicine, but blocked by federal law from following the recommendations of doctors and the will of voters. There is a solution to this dilemma provided by a piece of legislation soon to be considered by the House of Representatives: the Hinchey amendment.

The Hinchey medical marijuana amendment to the Commerce, Justice, Science Appropriations bill, sponsored by Congressman Maurice Hinchey (D-NY), would bar the Department of Justice, specifically the DEA from using funds to interfere with state

medical marijuana laws. Under Hinchey, patients would no longer fear raids, arrests or prosecutions for using medical marijuana in compliance with state law. The Hinchey amendment would allow states to chart their own course on medical marijuana, instituting policies to best protect local patients and reflect the wishes of local communities.

A second, longer-term federal fix to the medical marijuana impasse was actually signaled by Supreme Court Justice Stephen Breyer during oral arguments in *Gonzales v. Raich* – a Supreme Court case challenging the federal prohibition on medical marijuana. Justice Breyer suggested that patients ask the Food and Drug Administration (FDA) to reclassify marijuana for medical use as “the obvious way to get what they want,” adding, “Medicine by regulation is better than medicine by referendum.” Unfortunately, the route suggested by Justice Breyer is currently closed.

For 40-years the federal government has maintained a monopoly on the supply of marijuana available for scientific research. Through this monopoly, the government has prevented any research aimed at taking marijuana through the established FDA regulatory system by simply denying marijuana to those attempting to conduct such studies. Efforts to develop marijuana as a legal, prescription medicine have been effectively hamstrung.

Incredibly, marijuana remains the only Schedule I drug that the DEA prohibits from being produced by private laboratories for scientific research. Other controlled substances, including LSD, MDMA (also known as “Ecstasy”), heroin and cocaine, are available to researchers from DEA-licensed private laboratories.

In contrast, the National Institute on Drug Abuse (NIDA) constitutes scientists’ sole source of marijuana in the U.S. This monopoly exists despite NIDA’s inherent conflict of interest due to its mission to study the harmful effects of drugs of abuse. Further undermining its position as marijuana gatekeeper, NIDA has been criticized for its repeated refusal to make marijuana available for privately funded FDA-approved research seeking to develop smoked or vaporized marijuana into an FDA-approved prescription medicine. Researchers also report that marijuana available through NIDA is of poor quality and variety and is not optimized to meet FDA standards for prescription drug development.

As the situation currently stands, due to an inability to secure marijuana to research its development as an FDA-approved prescription medicine, privately funded scientists in the U.S. are entirely blocked from conducting such research. Consequently, pharmaceutical companies are effectively barred from the standard research path that would enable the FDA to determine whether marijuana should be brought to market as an approved prescription medicine.

This illogical arrangement is fundamentally responsible for muddying what would otherwise be a rather clear-cut discussion: If marijuana is an effective medicine for a variety of debilitating ailments, then why not simply develop it as a prescription

medication through the accepted pharmaceutical regulatory framework? It is because this framework, available to all other substances, controlled or otherwise, is effectively closed to marijuana. The federal government has created a marijuana exception.

Thankfully, change is in the air. On May 15, DEA Administrative Law Judge Mary Ellen Bittner officially forwarded to DEA Deputy Administrator Michele Leonhart her final recommendation in support of University of Massachusetts-Amherst Professor Lyle Craker's almost six-year-old petition to cultivate marijuana for use in privately funded FDA-approved studies.

Simply put, Professor Craker is seeking a license from DEA to cultivate marijuana that would be used by other scientists in privately funded, FDA-approved studies aimed at developing marijuana as a legal, prescription medicine.

On February 12 of this year, following nine days of hearings, testimony and evidence from both sides, including from researchers who reported that the government denied their requests for marijuana for use in FDA-approved research protocols, Judge Bittner concluded that, "NIDA's system for evaluating requests for marijuana has resulted in some researchers who hold DEA registrations and requisite approval from [HHS and FDA] being unable to conduct their research because NIDA has refused to provide them with marijuana. I therefore find that the existing supply is not adequate." She added, "Respondent's registration to cultivate marijuana would be in the public interest."

Unfortunately, Judge Bittner is not the final arbiter. The Judge's opinion serves as a recommendation to DEA Deputy Administrator Michele Leonhart, who will make the final call. It is imperative that Deputy Administrator Leonhart be made aware of the need to follow the recommendation of the DEA's own judge and grant Professor Craker's application. After all, if marijuana is a legitimate medicine, would it not be logical that it be allowed within the FDA's established regulatory framework. If it's not, what's the harm in finding out through legitimate, unobstructed scientific studies?

And has not the federal government already acknowledged marijuana's medical efficacy? To this day, a federal program established in 1978 provides government grown marijuana to seven patients. This FDA-administered Investigational New Drug program was closed to new applicants in 1991 due to a massive influx of applications stemming from the AIDS crises, which the program was not designed to handle. In addition, the FDA has approved the cannabinoid drug Marinol. Marinol, which contains dronabinol, an analog of Delta 9-tetrahydrocannabinol (THC), is prescribed as an appetite stimulant, primarily for AIDS, chemotherapy and gastric bypass patients.

The fact is that marijuana is an extremely effective treatment for many serious ailments. As documented by a recent, rigorous and unassailable double-blind study conducted by Dr. Donald Abrams at the University of California at San Francisco that found smoked marijuana to be extremely effective at relieving the intense pain of a debilitating condition known as peripheral neuropathy, which often afflicts AIDS patients as well as those suffering with diabetes or multiple sclerosis. This study leaves no doubt that

marijuana can safely ease this type of pain, which is often unresponsive to powerful narcotics like morphine and OxyContin. And of course, the study necessarily utilized government-supplied marijuana of notoriously poor quality – as all such research in the U.S. must currently do – and so likely underestimates marijuana's medical benefit.

As Lester Grinspoon, an emeritus professor of psychiatry at Harvard Medical School, recently wrote in the *Boston Globe*, "Marihuana is effective at relieving nausea and vomiting, spasticity, appetite loss, certain types of pain, and other debilitating symptoms. And it is extraordinarily safe – safer than most medicines prescribed every day. If marijuana were a new discovery rather than a well-known substance carrying cultural and political baggage, it would be hailed as a wonder drug."

It is unconscionable for federal agencies to continue to put politically expedient promotion of reefer madness before irrefutable medical science and the will and best interest of the American people. The well-being of thousands of seriously ill Americans backed by the opinion of the vast majority of their countrymen demands that medical marijuana be freed from federal interference.