



# MEDICAL CANNABIS RESOURCE CENTER

## MARIJUANA MARCH HISTORY

The Million Marijuana March was started in 1999 by Cures-not-Wars founder, Dana Beal (<http://cures-not-wars.org/>). The idea for an international march grew out of the annual pro-pot demonstration that took place only in New York City. It is held annually the first Saturday in May.

In its first five years, the Million Marijuana March grew in size and scope. In 2003 there were rallies and marches in over 200 cities around the world.

2009 marks the tenth anniversary of this worldwide event. To reflect the international scope of this global march for marijuana freedom, we are promoting a new name, the Global Marijuana March. For more info on the GMM history visit:

<http://www.cannabisculture.com/march>

### Is cannabis right for you?

**Cannabis is medicine and has been so since mans ancestors first encountered it. Archeology tells us more about the history of this fascinating and versatile plant every day. Educate yourself and others on the issues surrounding it and its utilization.** For more information specific to your or your loved ones case contact MERCY, the Medical Cannabis Resource Center.

#### About MERCY

We are a group of citizens concerned with the Oregon Medical Marijuana Program (OMMP) and to that end we host monthly meetings and other action items in Salem and around the state. We also do research, distribute news and information and generally help to network patients and caregivers to excess medicine in the short term and resources for self-sufficiency in the future.

The mission of the organization is to help people and change the laws so that action like this isn't necessary any more – we can all get on to other

things. We advocate reasonable, fair and effective marijuana laws and policies, and strive to educate, register and empower voters to implement such policies. Our philosophy is one of teaching people to fish, rather than being dependent upon others. Lasting change will require that each citizen be active enough to register and effectively vote. You, and only you, the people, can make it happen. We will help in any way we can, but you have to tell us what you need. Check us out, contact us and work with us in the formation of this "tool shed" and resource guide to successful medical cannabis utilization and activism.

### **Reps Should LISTEN TO the DOCTORS AND PATIENTS on MEDICAL MARIJUANA; Legislators, Meet a Cancer Victim**

I want politicians to leave their desks, come into the chemotherapy suite and participate in the real consequences of his choices. I want them to meet the bald, frail woman lying in the hospital bed next to mine in the chemotherapy suite. I want this 70-year-old woman to ask them the same medical question she asked me.

Because I was a cancer patient receiving chemotherapy at the same hospital where I worked, the women with whom I shared the suite quickly surmised that I was also a doctor. The clues were obvious: the colleagues dropping by, the "doctor" salutations from co-workers and the odd coincidence that one of my suite mates was also one of my patients.

I braced myself for this woman's question, both wanting to make myself available to her but also wishing that the world could forget that I was a doctor for the moment. After receiving my cancer diagnosis, dealing with surgery and chemotherapy and grappling with insistent reminders of my mortality, I had no desire to think about medicine or to experience myself as a physician in that oncology suite. And besides, the chemotherapy, anti-nauseants, sleep medications and prednisone were hampering my ability to think clearly.

So, after a gentle disclaimer about my clinical capabilities, I said I'd do my best to answer her question. She shoved her IV line out of the way and, with great effort and discomfort, rolled on her side to face me. Her belly was a pendulous sack bloated with ovarian cancer cells, and her **(continued other side)**

eyes were vacant of any light. She became short of breath from the task of turning toward me.

**"Tell me," she managed, "Do you think marijuana could help me? I feel so sick."**

I winced. I knew about her wretched pain, her constant nausea and all the prescription drugs that had failed her - some of which also made her more constipated, less alert and even more nauseous. I knew about the internal derangements of chemotherapy, the terrible feeling that a toxic swill is invading your bones, destroying your gut and softening your brain. I knew this woman was dying a prolonged and miserable death.

And, **from years of clinical experience, I - like many other doctors - also knew that marijuana could actually help her.** From working with AIDS and cancer patients, I repeatedly saw how marijuana could ameliorate a patient's debilitating fatigue, restore appetite, diminish pain, remedy nausea, cure vomiting and curtail down-to-the-bone weight loss. I could firmly attest to its benefits and wager the likelihood that it would decrease her suffering.

Still, federal law has forbidden doctors to recommend or prescribe marijuana to patients. In fact, in 1988 the Drug Enforcement Agency even rejected one of its own administrative law judge's conclusions supporting medicinal marijuana, after two full years of hearings on the issue. Judge Francis Young recommended the change on grounds that "marijuana, in its natural form, is one of the safest therapeutically active substances known to man," and that it offered a "currently accepted medical use in treatment."

Doctors see all sorts of social injustices that are written on the human body, one person at a time. We see poverty manifest as a young father who suffered a stroke because he could not afford cholesterol-lowering medications.

We see racism and sexism evident in the dearth of research that could specify whether our hypertensive patient might respond differently to standard treatments based on white male norms. We see the desperate and damaged homeless arrive in emergency rooms to receive health care on a crisis-to-crisis basis that rarely ever offers cure.

These social injustices are gargantuan problems that cannot be fixed in the clinic, and their remedies can only come from broad public reform. But this one - the rote denial of a palliative care

drug like marijuana to people with serious illness - smacks of pure cruelty precisely because it is so easily remediable, precisely because it prioritizes service to a cold political agenda over the distressed lives and deaths of real human beings.

The federal obsession with a political agenda that keeps marijuana out of the hands of sick and dying people is appalling and irrational. Washington bureaucrats - far removed from the troubled bedsides of sick and dying patients - are ignoring what patients and doctors and health care workers are telling them about real world suffering. The federal refusal to honor public referendums like California's voter-approved Medical Marijuana Initiative is as bewildering as it is ominous. Its refusal to listen to doctors groups like the California Medical Association that support compassionate use of medical marijuana is chilling.

In a society that has witnessed extensive positive experiences with medicinal marijuana, as long as it is safe and not proven to be ineffective, why -shouldn't seriously ill patients have access to it? Why should an old woman be made to die a horrible death for a hollow political symbol?

I want all the legislators involved to wipe the vomit off this woman's chest, help lift her belly - so she doesn't hurt as much when she rolls onto her back - and explain straight to her grimacing face why she can't try marijuana. I want them to tell me why it does not matter to them that almost every sick and dying patient I've ever known who's tried medical marijuana experienced a kinder death. Face to face, I want them to explain all these things to her and to me and to the heartbroken family who is standing by.

***About the author:*** at the time of this writing Kate Scannell was an Oakland-area doctor and co-director of the Northern California Ethics Department of Kaiser-Permanente. ***Eds note: Paraphrased from a previous article.*** Original article and more can be found at: [www.SafeAccess.org](http://www.SafeAccess.org)

**Other Oregon State Activists & Orgs:**

**Mothers Against Misuse and Abuse (MAMA)** \* Local Patient advocacy as well as national Drug Policy Reform. \* 5217 SE 28th (Steele & 28th) \* Now holding clinics, contact them at [mama@mamas.org](mailto:mama@mamas.org) -or- call: **503-233-4202.**

**Oregon Green Free (OGF)** \* 11918 SE Division St., #122. \* Portland, OR 97266 \* 503.760-2671 \* web: <http://www.oregongreenfree.com/>

**The Hemp & Cannabis Foundation (THCf)** \* 4259 NE Broadway St. \* PORTLAND (Hollywood dist) - call for an appointment: 503.235-4606 \*

<http://www.thc-foundation.org>