



Medical Cannabis Bills Introduced in U.S. Congress; Contact Your Rep Today!

Washington, DC, USA -- Three medical cannabis (marijuana) bills were introduced in Congress with support from patient advocates. The most significant of the three bills is one introduced by Congressman Frank (D-MA), which reclassifies marijuana from its current status as a dangerous drug with no medical value. Another bill, introduced by Congressman Polis (D-CO), will allow banks and other financial institutions to provide services to medical marijuana businesses without being subject to "suspicious activity" reporting requirements. The third bill, introduced by Congressman Stark (D-CA), changes the federal tax code "to allow a deduction for expenses in connection with the trade or business of selling marijuana intended for patients for medical purposes pursuant to State law."

"All of these bills will have a positive effect on hundreds of thousands of Americans and only a negligible impact to the rest of the country," said Steph Sherer, Executive Director of Americans for Safe Access (ASA),

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Delaware Becomes 16th State To Legalize Limited Medical Use Of Marijuana

Dover, DE, USA: Democrat Gov. Jack Markell [signed](#) legislation – Senate Bill 17, The Delaware Medical Marijuana Act – allowing registered patients to obtain marijuana from state-licensed facilities.

Under this [act](#), patients with a qualifying illness may legally possess up to six ounces of cannabis, provided the cannabis is obtained from a state-licensed, not-for-profit 'compassion center.' State regulators have up to one year to draft rules governing the licensing and regulation of the centers. The measure provides for the establishment of at least one facility per county.

The act also provides medical marijuana patients who are not registered with the state to raise an 'affirmative defense' motion to dismiss at trial. Full details of the law is available from NORML's 'Active State Medical Programs' page [here](#).

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Inhaled Cannabis Beneficial For Fibromyalgia Patients, Study Says

Barcelona, Spain: The use of cannabis is associated with beneficial effects on various symptoms of fibromyalgia, including the relief of pain and muscle stiffness, according to the results of an



observational case-control [study](#) published online in the journal *PLoS* (Public Library of Science) *ONE*. [Fibromyalgia](#) is a chronic pain syndrome associated with musculoskeletal pain and fatigue. Symptoms of fibromyalgia are poorly controlled by conventional medications.

Investigators at the Institut de Recerca Hospital del Mar in Barcelona, Spain, assessed

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The MERCY News Report is an all-volunteer, not-for-profit project to record and broadcast news, announcements and information about medical cannabis in Oregon, across America and around the World.

For more information about the MERCY News, contact us.

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www.MercyCenters.org

Check it out!

MERCY On The Tube!



in Salem, Oregon area thru Capital Community Television, Channel 23. See us on Wednesdays at 06:30pm, Thursdays at 07:00pm, Fridays at 10:30pm and Saturdays at 06:00pm. Visit –

<http://mercycenters.org/tv/>

About MERCY – The Medical Cannabis Resource Center

MERCY is a non-profit, grass roots organization founded by patients, their friends and family and other compassionate and concerned citizens in the area and is dedicated to helping and advocating for those involved with the Oregon Medical Marijuana Program (OMMP). MERCY is based in the Salem, Oregon area and staffed on a volunteer basis.

The purpose is to get medicine to patients in the short-term while working with them to establish their own independent sources. To this end we provide, among other things, ongoing education to people and groups organizing clinics and other Patient Resources, individual physicians and other healthcare providers about the OMMP, cannabis as medicine and doctor rights in general.

The mission of the organization is to help people and change the laws. 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.

Want to get your Card? Need Medicine Now?

Welcome to The Club! MERCY – the Medical Cannabis Resource Center hosts Mercy Club Meetings **every Wednesday** at - **1469 Capital Street NE, Suite #130, Salem, 97301** – from **7pm to 9pm** to help folks get their card, network patients to medicine, assist in finding a grower or getting to grow themselves, or ways and means to medicate along other info and resources depending on the issue. **visit** – www.MercyCenters.org - or Call **503.363-4588** for more.

The Doctor is In ... Salem! * MERCY is Educating

Doctors on signing for their Patients; Referring people to Medical Cannabis Consultations when their regular care physician won't sign for them; and listing all Clinics around the state in order to help folks Qualify for the OMMP and otherwise Get their Cards. For our Referral Doc in Salem, get your records to – **1469 Capital Street NE, Suite #100, Salem, 97301** - or, in the Salem-area, fax them to **503-581-1937**, NOTE: There is a \$25 non-refundable deposit required. Transportation and Delivery Services available for those in need. For our Physician Packet to educate your Doctor, or a List of Clinics around the state, visit – www.MercyCenters.org - or Call **503.363-4588** for more.

Other Medical Cannabis Resource NetWork Opportunities for Patients as well as CardHolders-to-be. * whether Social meeting,

Open to public –or– Cardholders Only * visit: <http://mercycenters.org/events/Meets.html> ! Also Forums - a means to communicate and network on medical cannabis in Portland across Oregon and around the world. **A list of Forums, Chat Rooms, Bulletin Boards and other Online Resources for the Medical Cannabis Patient, CareGiver, Family Member, Patient-to-Be and Other Interested Parties. * Resources > Patients (plus) > Online > Forums** * Know any? Let everybody else know! Visit: <http://mercycenters.org/orgs/Forums.html> and Post It!

<continued from **CANNA-BILLS IN US CONGRESS**, page 1 > the country's largest medical marijuana advocacy group. "This kind of policy shift is a no-brainer and should garner the bipartisan support of Congress." To shore up support for these and other local and state medical marijuana bills, ASA is launching a new advocacy program.

The introduction of Congressional legislation today comes as ASA is equipping patient advocates with new tools to lobby local, state and federal governments. ASA unveiled a new program today that establishes a "Medical Cannabis Think Tank" to provide activists the support they need to analyze pending or proposed legislation and to lobby for the best laws possible. To support the lobbying effort, ASA also unveiled its new "Online Training Center," with more than 4 hours of educational streaming video and over 400 pages of instruction manuals and worksheets. ASA's program also includes an improved "Raid Response Center" to better prepare for aggressive federal interference.

As part of its "Sick and Tired" campaign, ASA and others filed a writ Monday in the DC Circuit to compel the federal government to answer a 9-year-old petition to reclassify cannabis. The Coalition for Rescheduling Cannabis (CRC) argued in the writ that the government has unreasonably delayed an answer to the petition in violation of the Administrative Procedures Act. "The Drug Enforcement Administration has the opportunity right now to address the needs of patients across the country by reclassifying cannabis," continued Sherer. "However, since Congress can also reclassify cannabis, we are urging passage of the Frank bill in order to take advantage of all points of leverage."

If passed, the Frank bill would not only recognize marijuana's medical value, but also provide a medical necessity defense in federal court, a right not currently afforded to patients and caregivers who are in compliance with their local and state laws. The Frank bill would also usher forth greater research into the therapeutic properties of cannabis and create incentives for the development of new cannabis-based medication. Advocates hope

the Polis bill, if passed, will end the current ban on services for medical marijuana businesses by institutions like Wells Fargo, CitiCorp and Bank of America. The Stark bill has the potential to end dozens of audits by the Internal Revenue Service (IRS) currently taking place, and settle once and for all whether the IRS can demand tax on gross or just net proceeds. SOURCE: Visit - <http://www.opposingviews.com/i/medical-marijuana-advocates-back-3-bills-in-congress> - and Spread The Word!



Contacting Officials. ▶ **United States House of Representatives | Information on the lower body of the federal legislature:** about the legislative process, this week's House calendar, committee schedules, roll call vote ... Washington, DC 20515 * call (202) 224-3121 | TTY: (202) 225-1904 or visit - www.house.gov

▶ **United States Senate | History on ... the two houses of Congress, giving each state equal representation in the Senate.** ... Contacting Senators, by mail Washington, D.C. 20510, By Telephone: Alternatively, you may phone the United States Capitol switchboard at (202) 224-3121. A switchboard operator will connect you directly with the Senate office you request. visit - www.senate.gov

You can also visit NORMLs page to find your rep as well as other Resources. Go to - <http://capwiz.com/norml2/home/>.

▶ **Register, Vote and Get Everybody You Know to Do So Also. And Vote Smart! See profiles about nearly all candidates for federal and state offices, to include what the candidates have stated is their position on drug issues.** Biographical Information, Voting Records, Issue Positions, Interest Group Ratings, Public Statements, Campaign Finances, Voter Registration, Ballot Measures, Issues and Legislation, Political Resources, and more. Politics is going to the Dogs! So, Bite Back with Project Vote Smart. Visit - Vote-Smart.org for more.

Advocates File Lawsuit Demanding Federal Government Assess Medical Value Of Cannabis

Washington, DC, USA: A coalition of public interest advocacy groups [filed suit](#) this week in the US Court of Appeals for the District of Columbia to compel the Obama administration to respond to a nine-year-old [petition](#) to reclassify marijuana under federal law.

The suit was filed by attorneys Joe Elford of [Americans for Safe Access](#) (ASA) and Michael Kennedy of the [NORML Legal Committee](#) on behalf of the [Coalition for Rescheduling Cannabis](#) (CRC). The Coalition, which includes [NORML](#) and [California NORML](#), filed a comprehensive rescheduling petition with the Drug Enforcement Administration (DEA) on October 9, 2002, challenging marijuana's [Schedule I federal classification](#) as a controlled substance with "no currently accepted medical use" and a "high potential for abuse." The agency [formally accepted](#) the petition for filing on April 3, 2003, and per the provisions of the United States Controlled Substances Act (CSA) referred the petition to the U.S. Department of Health and Human Services (HHS) in July 2004 for a full scientific and medical evaluation.

To date, the federal government has not publicly responded to the petition.

The [lawsuit](#) petitions the Court for a writ of mandamus "directing the DEA and the Attorney General to issue a full and final determination on petitioners' Petition to reschedule marijuana, or, alternatively, state whether it will initiate rulemaking proceedings, within 60 days."

It states: "The DEA's delay here of more than eight years since the rescheduling Petition was filed -- and more than four years since it received HHS' binding evaluation and recommendations -- is inexcusable. ... [T]his agency delay in acting on the rescheduling Petition is unreasonable, requiring this Court to intervene."

Under the CSA, the Attorney General has the authority to reschedule a drug if he finds that it does not meet the criteria for the schedule to which it has been assigned. The Attorney

General has delegated this authority to the Administrator of the DEA, presently [Michelle Leonhart](#).

The 2002 CRC petition seeks to reschedule cannabis from its Schedule I designation to a less restrictive class under the CSA "on the grounds that: (1) marijuana does have accepted medical uses in the United States; (2) it is safe for use under medical supervision and has an abuse potential lower than Schedule I and II drugs; and (3) it has a dependence liability that is also lower than Schedule I or II drugs."



NORML filed a similar rescheduling petition with the DEA in 1972, but was not granted a federal hearing on the issue until 1986. In 1988, DEA Administrative Law Judge Francis Young [ruled](#) that marijuana did not meet the legal criteria of a Schedule I prohibited drug and should be reclassified. Then-DEA Administrator John Lawn rejected Young's determination, a decision the D.C. Court of Appeals eventually affirmed in 1994.

A [subsequent petition](#) was filed by former NORML Director Jon Gettman in 1995, but was rejected by the DEA in 2001.

For more information, please contact Keith Stroup, NORML Legal Counsel, at (202) 483-5500.

<continued from DELAWARE, page 1 > Delaware is the [sixteenth state](#) since 1996 to exempt qualified medical marijuana patients and providers from criminal penalties. *For more information, please see: http://www.norml.org/index.cfm?Group_ID=3391*

Lawmakers Approve Measure

Dover, DE, USA: Lawmakers have [approved](#) legislation, Senate Bill 17, allowing for the state-authorized use and distribution of medical cannabis.

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<continued from previous page> [Senate Bill 17](#), The Delaware Medical Marijuana Act amends state law so that patients with an authorized "debilitating medical condition" can possess and consume cannabis obtained from state-licensed facilities. The measure provides for the establishment of at least one non-profit 'compassion center' per county that would be licensed by the state to produce and dispense medical cannabis.

Recommending physicians must have "bona fide physician-patient relationship" with a person before recommending the use of medical cannabis. Medical conditions that may qualify for cannabis under the proposal include: cancer, HIV/AIDS, amyotrophic lateral sclerosis, Alzheimer's disease, and post-traumatic stress disorder, as well as cachexia, chronic pain (if the condition has not responded to previously prescribed medications), severe nausea, seizures or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.

Senate Bill 17 also provides medical marijuana patients who are not registered with the state to raise an 'affirmative defense' motion to dismiss at trial.

The measure now goes before Gov. Jack Markell, a Democrat, who is [expected to sign it](#). If SB 17 becomes law, [Delaware](#) will become the sixteenth state since 1996 to allow for the physician-supervised use of marijuana. Health regulators have up to one year following the law's passage to draft regulations and issue licenses for state-authorized 'compassion centers.' *For more information, please visit NORML's 'Take Action Center' at: <http://www.capwiz.com/norml2/issues/alert/?alertid=24183531>.*

Vermont: House And Senate Lawmakers Approve Marijuana Dispensaries Measure

Montpelier, VT, USA: House and Senate lawmakers last week [gave final approval](#) to Senate Bill 17, which allows state-licensed facilities to dispense marijuana to medically authorized patients.

On Thursday, House lawmakers decided 99 to 44 in favor of the measure, which permits the establishment of four state-licensed medical cannabis dispensaries. Senators had previously approved the measure in April.

House lawmakers overwhelmingly backed the proposal despite last-minute [warnings](#) from the U.S. Justice Department alleging that SB 17 would conflict with federal antidrug laws.

As approved, each dispensary would be licensed by the state Department of Public Safety and would be permitted to serve up to 1,000 registered patients.

Senate Bill 17 now goes to the desk of Governor Peter Shumlin, a Democrat, who is on record [in support](#) of the measure.

To date, only the states of [Colorado](#), [Maine](#), and [New Mexico](#) have state-licensed medical marijuana facilities up and running. Regulators in [New Jersey](#) and [Rhode Island](#) have selected applicants to operate similar state-licensed dispensaries, but neither state has allowed those



applicants to open their planned facilities. Additionally, permits for licensed medical marijuana businesses are expected to be issued soon in the District of Columbia.

Vermont lawmakers [initially approved](#) the physician-supervised use of marijuana

in 2004, but failed to provide a state-regulated supply source. *For more information, please visit NORML's 'Take Action Center' at: <http://www.capwiz.com/norml2/issues/alert/?alertid=2312516>.*

Maryland: Governor Signs Measure Expanding Limited Legal Protections For Medical Cannabis Patients

Annapolis, MD, USA: Maryland Gov. Martin O'Malley this week [signed legislation](#), Senate Bill 308, that expands the state's eight-year-old 'affirmative defense' [law](#). [Senate Bill 308](#) removes fines and criminal penalties for citizens who, at trial, successfully raise an

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<continued from previous page> 'affirmative defense' establishing that they possessed limited amounts of marijuana for medical purposes.

Under present law, patients who successfully raise an 'affirmative defense' of medical necessity at trial still face a misdemeanor conviction (but no jail time) and a \$100 fine.

Citizens who cultivate cannabis or who possess quantities of marijuana above one ounce may still raise an 'affirmative defense' at trial and, if successful, will have their sentence mitigated.

As initially introduced, SB 308 and its House companion bill sought to establish a government-regulated program to provide qualified patients with legal access to state-licensed producers and distributors of medical cannabis. However, the measure was [rewritten](#) in March after Maryland's Department of Health secretary publicly testified against it.

State lawmakers are expected to revisit the possibility of regulating the production and distribution of medical marijuana next year, after the issue is further examined by a legislative 'work group' of medical, legal, and law enforcement professionals.

Additional information regarding Maryland's medical marijuana affirmative defense law is available at: http://www.norml.org/index.cfm?Group_ID=3391#Maryland.

Montana: Restrictive Medical Marijuana Revisions Become Law

Helena, MT, USA: Legislation amending the state's six-year-old, voter-approved medical marijuana [program](#) became law on Saturday [without the signature](#) of Democrat Gov. Brian Schweitzer.

Senate Bill 423 [intends to reduce](#) total number of state-qualified medical cannabis patients from an estimated 30,000 to fewer than 2,000.

Senate Bill 423 requires that advising physicians be reported to the state Board of

Examiners if they recommend cannabis to more than 25 patients per year. The measure also enacts stricter qualifying requirement for chronic pain patients and prohibits licensed caregivers from receiving any financial compensation for providing cannabis to qualified persons. Most of the provisions in SB 423 will become effective on July 1, 2011.

A [summary](#) of SB 423's provisions is available online from [Montana NORML](#). Full text of the measure is available online [here](#).

The [Montana Cannabis Industry Association](#) and various plaintiffs are challenging the legality of several provisions of SB 423. On Friday, a state district judge in Helena [temporarily ordered](#) the state not to enforce SB 423's ban on all advertising of medical marijuana products.

For more information, please visit: <http://www.montananorml.org/> or <http://www.mtcia.org/>.

Montana: Governor Allows Medical Marijuana Amendments

Helena, MT, USA: Democrat Gov. Brian Schweitzer [announced](#) Friday that he intends to allow Senate Bill 423 to become law absent his signature.

The measure repeals the state's six-year-old, voter-approved marijuana [law](#) on July 1, 2011 and replaces it with new provisions created by the legislature. The stated [intent](#) of SB 423 is to reduce the total number of state-qualified medical cannabis patients from an estimated 30,000 to less than 2,000.

Senate Bill 423 [mandates](#) that advising physicians be reported to the state Board of Examiners if they recommend cannabis to more than 25 patients per year. The measure would also enact stricter qualifying requirement for chronic pain patients and prohibit licensed caregivers from receiving any financial compensation for providing cannabis to qualified persons.

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<continued from previous page> A summary of SB 423's provisions is available online from [Montana NORML](#).

Governor Schweitzer had previously [vetoed](#) a measure that sought to repeal the state's medical cannabis law outright. *For more information, please visit: <http://www.montananorml.org> or NORML's 'Take Action Center' at: <http://www.capwiz.com/norml2/issues/alert/?alertid=44395501>.*

<continued from FIBROMYALGIA, page 1 > the associated benefits of cannabis in patients with fibromyalgia (FM) compared with FM patients who did not use the substance. Twenty-eight users and non-users participated in the study.

Authors reported: "Patients used cannabis not only to alleviate pain but for almost all symptoms associated to FM, and no one reported worsening of symptoms following cannabis use. ... Significant relief of pain, stiffness, relaxation, somnolence, and perception of well-being, evaluated by VAS (visual analogue scales) before and two hours after cannabis self-administration was observed."

Cannabis users in the study also reported higher overall mental health summary scores than did non-users.

Investigators concluded: "The present results together with previous evidence seem to confirm the beneficial effects of cannabinoids on FM symptoms. Further studies regarding efficacy of cannabinoids in FM as well as cannabinoid and stress response system involvement in their pathophysiology are warranted."

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Cannabis use in patients with fibromyalgia: effect on symptoms relief and health-related quality of life," is available online free of charge at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3080871/?tool=pubmed>.

Washington: Governor Vetoes Medical Marijuana Licensing Measure

Olympia, WA, USA: Democrat Gov. Chris Gregoire on Friday [vetoed](#) sections of [Senate Bill 5073](#), which sought to license and regulate the dispensing of medical cannabis to qualified persons, and would have enacted additional legal protections for patients who voluntarily participated in a statewide registry.

In her [veto statement](#), Gov. Gregoire alleged that the licensing and registry provisions "would open public employees to federal prosecution."

In recent weeks, United States Attorneys have sent letters to public officials in several states - including [Arizona](#), [Colorado](#), [Washington](#), [Rhode Island](#), and [Vermont](#) -- indicating that the Department of Justice may take criminal or civil action against individuals, including state employees, who assist with or engage in the production or distribution of medical cannabis, even if such activities were in compliance with state law.

Governor Gregoire did sign into law provisions in SB 5073 reaffirming that qualified patients and their caregivers possess an 'affirmative defense' against state prosecution (Section 402 and 406). She also codified provisions of the measure that extend legal protections to patients or caregivers who participate in a 'collective garden.'

Washington voters [initially approved](#) the state's medical cannabis law by initiative in 1998. The measure provided limited legal protections for patients who possessed cannabis under a doctor's supervision, but failed to address how much marijuana patients could legally possess or how they could obtain it. In 2008, lawmakers [enacted](#) Senate Bill 6032 specifying that patients could cultivate up to 15 cannabis plants and/or possess up to 24 ounces of usable marijuana for medical purposes. However, that law also failed to enact a regulated system governing marijuana distribution.

For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500.



NORML Acknowledges Centennial Anniversary Of Pot Prohibition

Washington, DC, USA: NORML [acknowledges](#) the 100-year-anniversary of marijuana prohibition, which [began](#) on April 29, 1911 in Massachusetts.

On that date, Massachusetts lawmakers enacted the first statewide law criminally prohibiting the possession and sale of cannabis by adults.

Following Massachusetts' lead, lawmakers in over 30 additional states -- including California, Maine, Indiana, and Wyoming in 1913 -- implemented similar statewide prohibitions.

Federal lawmakers in 1937 imposed a national ban on the plant by enacting the [Marihuana Tax Act](#).

California NORML Director Dale Gieringer [states](#): "The evidence is overwhelming that the 100-year war on cannabis has failed.[P]rohibition has served as a crime-creation program, criminalizing otherwise innocent Americans, promoting a criminal market, and generating disrespect for the law.

... As in 1911, so today it is government officials, drug cops and bureaucrats, now entrenched in a multibillion-dollar complex of anti-drug agencies and programs, who are the staunchest supporters of the failed system that keeps them on the public payroll. Americans would be well advised to reject their bankrupt paternalism and reclaim their historical freedom to use cannabis."



For more information, please contact either Allen St. Pierre, NORML Executive Director, at (202) 483-5500, or Dale Gieringer, California NORML Coordinator, at: dale@canorml.org.

The Industrial Hemp Farming Act of 2011 is In The House!

Texas Republican Ron Paul and a coalition of 25 co-sponsors are once again seeking to allow for the commercial farming of industrial hemp. House Bill 1831, would exclude low potency varieties of marijuana from federal prohibition. If approved, this measure will grant state legislatures the authority to license and regulate the commercial production of hemp as an industrial and agricultural commodity. Several states -- including Oregon, North Dakota, Montana, and Vermont -- have enacted regulations to allow for the cultivation of hemp under state law. However, none of these laws can be implemented without federal approval. Passage of HR 1831 would remove existing federal barriers and allow states that wish to regulate commercial hemp production the authority to do so.

"We are pleased to see the re-introduction of the Industrial Hemp Farming Act in Congress," says Vote Hemp President, Eric Steenstra.

"With the U.S. hemp industry valued at over \$400 million in annual retail sales and

growing, a change in federal policy to allow hemp farming would mean instant job creation, among many other economic and environmental benefits," adds Steenstra. According to a 2010 Congressional Resource Service report, "approximately 30 countries in Europe, Asia, and North and South America currently permit farmers to grow hemp." But the United States does not. As a result, U.S. companies that specialize in hempen goods have no choice but to import hemp material. These added production costs are then passed on to the consumer who must pay artificially high retail prices for hemp products.

Previous versions of The Industrial Hemp Farming Act were introduced, but failed to receive a public hearing or a committee vote. Please write your members of Congress today and tell them to end the federal prohibition of industrial hemp production. For tools to do so, other actions you can take or for more information about industrial hemp in general, please visit: -



www.VoteHemp.org