



Fee Hike Means Agony for Oregon

Individuals Will Suffer and We, the People, thru the State, will Pay for it All

Salem, Oregon, USA: Basic Fees for registering with the Oregon Medical Marijuana Program will double, from \$100 per year to \$200 per year, due to Budget Bill SB-5529 that passed the Oregon State Legislature last session. They also approved a new \$50 fee on growers who are not already patients, and imposing a new \$100 fee for Replacement cards. Further, the \$20 discount for poor folks is only available to people on social security (SSI) and those receiving food stamps (on SNAP) and state medical coverage (OHP) will now be gouged \$100 for the privilege.

The Gain – the \$7 million raised will reportedly go to other programs within the cash-strapped Oregon Health Authority, including clean water, emergency medical care, and school health centers. The fee increases went into effect October 1, 2011.

The Cost – will be those who can't afford to be legal and will suffer medications that don't work – spending ten times the amount in some cases – or go illegal and suffer arrest, prosecution and possibly jail.

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ATF Seeks Piece Of Medi-Pot-War Pie; Bureau Targets Sick and Dying for the Porkbarrelled Boondoggle

Washington, DC, USA: Federal law [prohibits](#) a person from legally possessing a firearm if they use marijuana, even if he or she uses cannabis for medicinal purposes in accordance with state law, according to a [memo](#) issued last week by the US Department of Justice, Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF).

The ATF's September 21 memo, titled 'OPEN LETTER TO ALL FEDERAL FIREARMS LICENSEES,' states: "Federal law ... prohibits any person who is an 'unlawful user of or addicted to any controlled substance ... from shipping, transporting, receiving, or possessing firearms or ammunition. Marijuana is listed in the Controlled Substances Act as a Schedule I controlled substance, and there are no exceptions in federal law for marijuana purportedly used for medicinal purposes, even if such use is sanctioned by state law."

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Forced Closure Of Medical Cannabis Dispensaries Associated With Localized Increases In Crime

Santa Monica, CA, USA: The closing of medical marijuana dispensaries are associated with an increase in the incidents of criminal activity in those locations, according to [an assessment](#) of crime statistics published this week by the RAND Corporation.

Researchers [analyzed](#) Los Angeles crime data for the ten days prior to and the ten days following June 7, 2010, when the city ordered the closure of more than 70 percent of the city's 638 medical marijuana dispensaries.

Authors limited their analysis to ten days because court challenges prompted some closed dispensaries to reopen. "Studying crime both before and after a large number of dispensaries were shut down in Los Angeles, researchers found that incidents such as break-ins rose

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About MERCY – The Medical Cannabis Resource Center

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.

Via Snail Mail:

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Suite 100,
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E-mail:

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Or our WWW page:

www.MercyCenters.org

Check it out!

MERCY On The Tube!



in Salem, Oregon area thru Capital Community Television, Channel 23. Call In – 503.588-6444 - on Friday at 7pm, or 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/>

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**, 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 FEE HIKE, page 1 > There is a severe feeling of exasperation because MERCY and other activists will now have to spend almost as much time and energy helping non-cardholding folks with Affirmative and Medical Necessity Defenses as we did before OMMA.

And the People of Oregon are going to pay in numerous ways - not just the direct costs of warring on these sick and dying folks but indirect ones like loss of productivity (taxes) and property crime costs because the medi-pot-heads aren't the ones breaking into houses and cars and such. MERCY and other advocates objected to the fee increases on the following grounds:

> The fee increases are a steep, new tax upon vulnerable patients, more than a third of whom qualify for low-income assistance of some type, and all of whom suffer from some documented, qualifying illness or disability.

> The fee increase language was determined without any input from the Advisory Committee on Medical Marijuana (ACMM) or any other segment of the affected community.

> It is also the first time that I've heard of a tax on medical patients based on the specific medication they are using - I find that patently discriminatory and unfair.

> And while the supposedly generated by this fee increase is already allocated, the budget document does not seem to take into consideration the large numbers of patients who will flee the program, and instead turn to the black market. This will reduce projected revenue from the fee increase, and re-criminalize thousands of patients who would prefer to follow the law, not break the law.

> We understand that the legislature is seeking new monies; but to raise that money in the form of a steep tax increase on the backs of some of Oregon's poorest and most vulnerable medical patients is unconscionable.

Advocates and activists successfully stopped work on nearly two dozen bills this session designed to limit or roll back the OMMP, but were surprised when the Joint Ways and Means Committee passed SB 5529 in a late session on June 8, 2011. OMMP staffers knew of the impending fee increases, but at a June 6, 2011 meeting of the Advisory Committee on Medical Marijuana staff deliberately avoided informing committee members of the plan. Instead, OMMP staffers informed the committee of the fee increases only after the information had been published on OregonLive.com - well after the budget

had been approved by the Joint Ways and Means Committee.

"This appears to be a violation of the statute that requires program staff to keep the committee informed," said Todd Dalotto, Vice-Chair of the ACMM. "This continues a pattern of deceit and manipulation of the committee by the program staff." Interim OMMP Director Barry Kast defended the deceit in an email to advocates. "To have said more to the ACMM on June 6 would have been as irresponsible as saying nothing at all and could have jeopardized the relationship of the program with policy-makers in Salem," wrote Kast.

And, then the State pretended to have public sessions where folks could have input and hopefully minimize the harm from the change with things like a 'sunset' clause that would have backed the hike off after 2 years. But it was another mean little joke by the Powers That Be. Word came from on high - the max would be paid in full and forever.

"We have received clarification from legislators on the ACMM's request to sunset the proposed fee increases. The Ways & Means Human Service Subcommittee Co-Chairs have advised that there was no intent to decrease fees when revenue targets were met. Their direction to the agency was to institute the fee schedule that was articulated during the full Ways & Means hearing. As such, the OMMP does not intend to extend the rule for comment and the following fees will go into effect on October 1st" wrote Jody Ann Noon, OMMP Administrator in reply to complaints and alternative suggestions.

"We will keep you informed if there are any further changes. However, at this time, we do not believe there will be any. After the new fees become effective, we will monitor the impact of the fee changes and provide both the ACMM and the legislature reports." Visit - http://mercycenters.org/news/2011/OMMP_Fees_Double.html - for more on the process.

More About SB5529 | Senate Bill 5529 authorized the two-year budget for the Oregon Health Authority, which contains the OMMP.

This was a budget bill that called for dramatically increased fees for medical patients in the Oregon Medical Marijuana Program. Program advocates were caught by surprise by the budget item because program staff deliberately withheld information on the hikes from the Advisory Committee on Medical Marijuana. The bill then went

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"Medical marijuana patients are sick, disabled, and very often poor. This stealthy tax is nothing more than a bedside shakedown of some of the most vulnerable people in Oregon," said Robert Wolfe, Director of the Oregon Marijuana Policy Initiative, which represents marijuana advocacy groups statewide. "It's a dastardly maneuver by cold-hearted politicians to balance their budget on the backs of the sick and poor."

And to feed peasants to the Special Interests they serve and work for.

How They Voted

Some folks strongly recommend contacting the three legislators responsible for adding these fees as well as directing the OMMP to screw the Patients to the max and for and eternity:

> Rep. Tim Freeman
Phone: 503-986-1402
Email: rep.timfreeman@state.or.us

> Rep. Tina Kotek
Phone: 503-986-1444
Email: rep.tinakotek@state.or.us

> Rep. Jeff Barker
Phone: 503-986-1428
Email: rep.jeffbarker@state.or.us

- and remembering them next election time. Of the 'nays', Holvey was the only one who stood up to say he was voting no. Boone said she was originally going to be a no, but is now a yes, because they "reduced" the high fee of 200 for low income to 100 (only a 500% increase). Even Greenlick who opposed nearly EVERYTHING else the last three days supported SB 5529. Freeman basically said that the highest fee proposed was "only" 20 per month and therefore "not much money at all" - but fails to recognize that it is a 500% - 2000% increase.

Send Holvey your kudos - he actually said what needed to be said. Here's the list of Nays on SB 5529 if you care to take the time and thank them: Representatives: Bailey, Bentz, Brewer, Cannon, Conger, Holvey, Kennemer, Krieger, Lindsay, Olson, Parrish, Sheehan, Smith G., Smith J., Sprenger, Thatcher, Wand, Weidner.

Senate vote tally - Ayes, 19; nays, 11--Boquist, Ferrioli, George, Girod, Kruse, Olsen, Prozanski, Shields, Starr, Thomsen, Whitsett.

NOTES: Morse, Shields granted unanimous consent to change vote from aye to nay and Chip Shields

changed his vote to 'no', making it 19-11.. Shields also declared potential conflict of interest.

Floyd Prozanski also voted no and pointed out the concerns over OMMP fees. Floyd also tried for the clarification that we were looking for - that SB 5529 is a SPENDING bill, not a FEE bill, and makes no requirement for the OMMP to change the fee structure. However, the budget in the bill reflects the spending that is to come from OMMP fees. The new OMMP fees should have been handled administratively. Visit <http://mercycenters.org/legis/2011/SB5529.html> for more on SB5529.

The New Fee Structure

* **Basic Cardholder new application and annual renewal** fees are **\$200**;

* **or, a reduced application and annual renewal** fee of **\$100** is available **for persons receiving SNAP (food stamp) or if Oregon Health Plan (OHP) cardholder**;

* **or, the reduced application and annual renewal** fee of **\$20** is still in effect **for persons receiving Social Security Income (SSI) benefits**;

* **Plus, a \$50 fee** is to be charged for grow sites **when Patient not the Grower**.

* **And, a \$100 fee for Replacement registry cards.** MERCY is assuming Reduced fees also apply for Replacement Cards, and will verify and let people know as can.

To qualify for the reduced fees, applicants must submit documentation that verifies their participation:

OHP: "Oregon Health Plan" means the medical assistance program administered by the Department under ORS chapter 414. Eligibility in the Oregon Health Plan is demonstrated by providing a current, valid eligibility determination statement from the Department's Office of Medical Assistance Programs. To qualify for a reduced fee, a copy of the patient's current eligibility statement must be provided at the time the patient submits an application.

SSI: "Supplemental Security Income" means the monthly benefit assistance program administered by the federal government for persons who are age 65 or older, or blind, or disabled and who have limited income and financial resources. Eligibility for Supplemental

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<continued from previous page> Security Income is demonstrated by providing a copy of a receipt of a current monthly benefit. To qualify for a reduced fee, a copy of a receipt of a current Supplemental Security Income monthly benefit must be provided at the time the patient submits an application.

Food Stamps: means the monthly benefit assistance program administered by the federal government for person who has limited income and financial resources. To qualify for the reduced fee, a copy of a current Food Stamp benefit (SNAP) proof must be provided at the time the patient submits an application.

The Department may verify the patient's current Food Stamp benefits through the Department or the Department of Human Service's Children and Family Services Department.

Visit - <http://mercycenters.org/omma.html> - for more on Fees and Getting Your Card. Contacting the OMMP: call (971) 673-1234 -or- write to OMMP, P.O. Box 14450, Portland, OR 97293-0450 - or- visit their website: <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/MedicalMarijuanaProgram/Pages/index.aspx>

<continued from ATF, page 1 > The memo affirms: "Therefore, any person who uses or is addicted to marijuana, regardless of whether his or her state has passed legislation authorizing marijuana use for medicinal purposes, is an unlawful user of or addicted to a controlled substance, and is prohibited by federal law from possessing firearms or ammunition. ... Further, if you are aware that the potential transferee (of a firearm) is in possession of a card authorizing the possession of marijuana under state law, then you have 'reasonable cause to believe' that the person is an unlawful user of a controlled substance. As such, you may not transfer firearms or ammunition to the person."

Noteworthy, to date no state or federal court has yet [ruled](#) whether medical marijuana patients are disqualified to own a firearm.

While campaigning for the Presidency, Barack Obama had [pledged](#) that he would "not ... be using Justice Department resources to try to circumvent state laws on this (the medical marijuana) issue."

For more information, please contact Allen St. Pierre, NORML Executive Director or Keith Stroup, NORML Legal Counsel, at (202) 483-5500. Source - http://www.norml.org/index.cfm?Group_ID=8693

<continued from DISPENSARIES, page 1 > in Los Angeles, researchers found that incidents such as break-ins rose in the neighborhoods of closed dispensaries relative to dispensaries allowed to remain open, at least in the short term," the RAND Corporation summarized in a [press release](#). "In the blocks with the closed dispensaries, the study observed crime up to 60 percent greater than comparable blocks with open dispensaries, but the effects were not apparent across a wider area."

Said the study's lead author: "If medical marijuana dispensaries are causing crime, then there should be a drop in crime when they close. Individual dispensaries may attract crime or create a neighborhood nuisance, but we found no evidence that medical marijuana dispensaries in general cause crime to rise."

Previous analyses of crime statistics in [Denver](#), [Los Angeles](#), and [Colorado Springs](#) also found no data supportive of the notion that the locations of dispensaries are associated with elevated incidences of criminal activity. For more information, please contact Allen St.

Pierre, NORML Executive Director, at (202) 483-5500 or Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the RAND Corporation study, "Regulating medical marijuana dispensaries: An overview with preliminary evidence of their impact on crime," is available online at: http://www.rand.org/content/dam/rand/pubs/technical_reports/2011/RAND_TR987.pdf. Source - http://www.norml.org/index.cfm?Group_ID=8689

Study: Crohn's Patients Who Use Cannabis Report Fewer Surgeries, Are Less Likely To Use Prescription Drugs

"All patients stated that consuming cannabis had a positive effect on their disease activity"

Tel Aviv, Israel: Cannabis use is associated with a reduction in Crohn's disease (CD) activity and disease-related surgeries, according to the results of a retrospective observational [study](#) published in the August issue of



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<continued from previous page> the *Journal of the Israeli Medical Association*. Investigators at the Meir Medical Center, Institute of Gastroenterology and Hepatology assessed 'disease activity, use of medication, need for surgery, and hospitalization' before and after cannabis use in 30 patients with CD. Authors reported, "All patients stated that consuming cannabis had a positive effect on their disease activity" and documented "significant improvement" in 21 subjects.

Specifically, researchers found that subjects who consumed cannabis "significantly reduced" their need for other medications. Participants in the trial also reported requiring fewer surgeries following their use of cannabis.

"Fifteen of the patients had 19 surgeries during an average period of nine years before cannabis use, but only two required surgery during an average period of three years of cannabis use," authors reported.

They concluded: "The results indicate that cannabis may have a positive effect on disease activity, as reflected by a reduction in disease activity index and in the need for other drugs and surgery. Prospective placebo-controlled studies are warranted to fully evaluate the efficacy and side effects of cannabis in CD." Researchers at the Meir Medical Center are [presently evaluating](#) the safety and efficacy of inhaled cannabis for patients with CD and Ulcerative Colitis in a double-blind, placebo-controlled trial.

Crohn's disease and Ulcerative Colitis are inflammatory bowel diseases. According to [survey data](#) published earlier this year in the *European Journal of Gastroenterology and Hepatology*, an estimated one-third of patients with colitis and one-half of subjects with CD acknowledge having used cannabis to [mitigate their disease symptoms](#). For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Treatment of Crohn's disease with cannabis: an observational study," appears in the *Journal of the Israeli Medical Association*. The study also appears online here: <http://www.ima.org.il/imaj/ar11aug-01.pdf>. Source

- http://www.norml.org/index.cfm?Group_ID=8687

DEA Issues 'Final Order' Rejecting Private Production Of Cannabis For FDA-Approved Research

Washington, DC, USA: The United States Drug Enforcement Administration (DEA) has

[issued its final order](#) rejecting a [2007 ruling](#) from the agency's own Administrative Law Judge that it would be 'in the public interest' to grant the University of Massachusetts a license to grow marijuana for federally regulated research.

The rejection preserves the monopoly held by US National Institute on Drug Abuse (NIDA) on the supply of marijuana for Food and Drug Administration (FDA)-regulated research. In 2010, a spokesperson for the agency [told](#) the *New York Times*, "We generally do not fund research focused on the potential beneficial medical effects of marijuana."

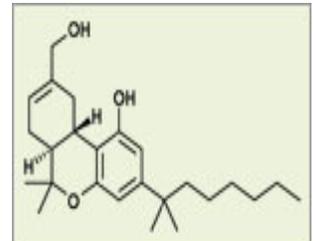
In 2007, after extensive hearings, DEA Judge Mary Ellen Bittner opined in favor of allowing a researcher at the University of Massachusetts at Amherst legal permission to cultivate marijuana for use in FDA-approved clinical trials. She [determined](#): "[T]here is currently an inadequate supply of marijuana available for research purposes. ... I therefore find that Respondent's registration to cultivate marijuana would be in the public interest."

DEA director [Michele Leonhart](#) initially [set aside](#) Judge Bittner's ruling in 2009. The agency's ruling [may be appealed](#) in the First Circuit US Court of Appeals.

For more information, please contact Keith Stroup, NORML Legal Counsel, at (202) 483-5500, or visit the Multidisciplinary Association for Psychedelic Studies (MAPS) online at: <http://www.maps.org/>. Source

- http://www.norml.org/index.cfm?Group_ID=8672

Cannabinoid Shown To Be Neuroprotective In Model Of Acute Alcohol Withdrawal



"[T]hese observations show ... that the stimulation of the endocannabinoid system could be protective against the hyper-excitability developed during alcohol withdrawal"

Caen, France: The administration of the synthetic cannabinoid agonist HU-211 decreases nerve cell death in an *in vitro* model of ethanol withdrawal, according to [data](#) published online in the journal of the Public Library of Science (*PLoS ONE*).

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<continued from previous page> An international team of investigators from the INSERM medical research center in Caen, France and Complutense University in Madrid, Spain assessed the anti-excitotoxic effects of the synthetic cannabinoid HU-211 in culture. Researchers demonstrated that cannabinoid administration protected neurons from cell death in an experimental model of ethanol withdrawal. By contrast, the administration of a cannabinoid antagonist (rimonabant) during ethanol withdrawal greatly increased the likelihood of cell death.

"[T]hese observations show, for the first time, that the stimulation of the endocannabinoid system could be protective against the hyper-excitability developed during alcohol withdrawal," investigators concluded. "By contrast, the blockade of the endocannabinoid system seems to be counterproductive during alcohol withdrawal."

In humans, the abrupt cessation of alcohol in dependent subjects may be associated with tremor, delirium, brain damage, and death. Separate pre-clinical studies have previously documented that the administration of the non-psychoactive organic cannabinoid cannabidiol (CBD) in laboratory animals is neuroprotective against [cerebral infarction](#) and [ethanol-induced neurotoxicity](#) (alcohol poisoning).

In 2009 and 2010, a pair of studies conducted by investigators at the University of California at San Diego reported that the consumption of cannabis may offset certain alcohol-induced brain abnormalities, including the [loss of white matter integrity](#) and memory, in human subjects with a history of both alcohol and marijuana use. *For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Pharmacological Activation/Inhibition of the Cannabinoid System Affects Alcohol Withdrawal-Induced Neuronal Hypersensitivity to Excitotoxic Insults," appears online in the journal PLoS ONE.*

Source - http://www.norml.org/index.cfm?Group_ID=8674

**Congressman's Letter To Drug Czar:
"Marijuana Does Not Belong On Schedule I
Of The Controlled Substances Act"**

Washington, DC, USA: Representative Steven Cohen (D-TN) is [urging](#) the Obama administration to reclassify cannabis under federal law and to acknowledge its therapeutic utility, according to a September 12 [letter](#) sent by the Congressman to the

White House Office of National Drug Control Policy (ONDCP). States Rep. Cohen in his letter to Drug Czar Gil Kerlikowske: "Marijuana does not belong on [schedule I](#) of the Controlled Substances Act (CSA) alongside hard drugs as ... heroin. There is no evidence that marijuana has the same addictive qualities or damaging consequences as these harder drugs and it should not be treated as such. Similarly, the so-called 'gateway drug' theory has been thoroughly discredited with respect to marijuana. Marijuana ought to be placed at the lowest end of the CSA in accordance with its true risks."

Under federal law, all substances classified as Schedule I drugs under the CSA must possess a 'high potential for abuse' and have 'no accepted medical use in treatment.'

Representative Cohen adds: "I was particularly disappointed that the [ONDCP] dismissed the medical benefits of marijuana. ... We should not deny the thousands of Americans who rely of marijuana ... the benefits that [it] provides. ... I strongly recommend that this administration allow states that have chosen to legalize medical marijuana to enact strong regulations without fear of prosecution. ... [W]e should not interfere with the will of the people to enact these compassionate laws." Representative Cohen is an outspoken [critic](#) of marijuana prohibition. He is a co-sponsor of [HR 2306](#), The Ending Federal Prohibition of Marijuana Act of 2011. *For more information, please contact Keith Stroup, NORML Legal Counsel, at (202) 483-5500. Source - http://www.norml.org/index.cfm?Group_ID=8680*



**Federal Medical Cannabis Patient
Hassled by Local Yokel in Oregon**

As Russ reports: "Early Thursday morning (9/15/11), Oregon State Police detained [Elvy Musikka](#), one of four remaining federal medical marijuana patients, along with other state medical marijuana registry cardholders following a town hall meeting on medical marijuana in the eastern Oregon / Idaho border town of Ontario.

According to Joey Nieves, clinic manager at [45th Parallel](#), a medical marijuana cardholders co- op

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THE MERCY



NEWS REPORT



<continued from **FEDERAL MEDICAL CANNABIS PATIENT HASSLED BY LOCAL YOKEL IN OREGON**, [previous page](#)> a state trooper had staked out the co-op to harass cardholders as they left the building. Members of the co-op were detained by the trooper who issued citations, including a \$1,000 ticket for "residue" to a grower whose patient had left behind an empty pipe.

Musikka was in town as part of the 45th Parallel's Town Hall Meeting, which took place at the Clarion Hotel earlier Wednesday evening." The meeting was designed to discuss the benefits of medical marijuana, and supporters of medical marijuana use in both Oregon and Idaho outweighed those opposed to the idea. (learn more about [the Meeting](#)) *(Full disclosure: the story reporter was a speaker at the event. He is also a registered Oregon cardholder and can verify that 45th Parallel vigorously checked his credentials before he was even allowed inside. He had to give a copy of his OMMP card and Oregon ID and initial numerous statements indicating his understanding of Oregon law.)* "At the hotel, an Oregon State Trooper sat parked just down the street from the public's entrance to the Clarion's parking lot and the reporter strongly suspects, though he has not yet verified, it was the same trooper that stopped Elvy and the others." [Eds NOTE: Heck, he could've called for back-up; it was a bunch of those "Reefer Mad" pot-heads, after all] "Nieves reports Musikka was detained for over an hour in a squad car, and then her federal paperwork and medicine was confiscated, as the trooper did not believe her story and papers entitling her to possess and use her federally-produced medical marijuana anywhere in the United States.

video, which has been seized by the state police. Nieves, a former Army counter-narcotics specialist, told Russ Belville of [the NORML Stash Blog](#) that the trooper "got much more polite" once Nieves identified himself as a former soldier, but stonewalled when Nieves pointed to the actual law allowing the grower to be in possession of that pipe.

Patients on the scene recorded the encounter on Nieves reports that the trooper also denied requests for the video and the state police are giving him the runaround regarding the paperwork needed to recover the video." You can hear more from Joey Nieves (and possibly Elvy Musikka) as guest/s on Russ's NORML SHOW LIVE, part of The NORML Network, on Ustream at - <http://live.norml.org/>.

UPDATE: Elvy Musikka reports that she has her stuff back - the police took her ID and her prescription and summoned her to court on October 5th, but now case dismissed. Still, she had to find medicine that nite, had to get a ride there to get it back when she shouldn't have AND there's the other victims. An AP reporter was already working on a story about Elvy and in the process of getting the return of Elvy's prescription and ID, they learned that the state troopers were being ordered by the federal Department of Justice to engage in these seizures from state-legal patients.

Elvy is one of 4 remaining federal medical cannabis (marijuana) patients from the Compassionate Investigational New Drug (CIND) program that was begun in 1976. Due to the growing number of AIDS patients throughout the late 1980s and the resulting numbers who joined the Compassionate IND program, the Special Interests That Be panicked and directed their tool - 'King' George H. W. Bush (I) - to have his administration close the program down in 1992. At its peak, the program had thirty active patients and hundreds of applications pending. Originally from Florida - where her case established the right to a medical necessity defense there - Elvy now lives in Eugene, Oregon and is available for interviews, lectures and whatever activism helps the cause.



Sadly, harrassment of the CIND folks by local, pot-head-hating yokels is not new and Elvy's is not the first case of state officials hassling federal medical cannabis patients because they can - but by our efforts should be the last. Irvin Rosenfeld, another CIND Program participant, was messed with for testifying in Illinois in 2005. (*"The two cops took it upon themselves to detain this person,"* said state state Rep. Larry McKeon, D-Chicago, sponsor of House Bill 407. *"It is a clear example why we need this legislation."* ...). And these are just the cases we know about, the ones that got press. To Learn more, take Action and/or comment, visit - http://mercycenters.org/news/2011/Fed_Med_Cann_Pat_Hassled.html