

12/10/2011 05:06 PM

Aloha Long Beach City Council,

Diana Lejin's thoughtful letter to you made me think you may appreciate the difficulties caretakers of the elderly and disabled face in obtaining meds for their kapuna. Many of you will remember my wife, Renee May, for her work as CFO of Long Beach Boys & Girls Club and CFO of Family Service of Long Beach. Her mother, now 98 and living with severe dementia and chronic arthritis, lives with us. She has been unable to stand or speak in many years, but used to rub her hands and knees and grimace much of the time. I tried a concoction of cannabis extracted from home grown (with a medical marijuana permit) with ethanol, mixed with Vicks vapor rub, massaged into her hands, wrists and knees. She has stopped with the rubbing and pain face. Now she spends her days sitting on our lanai overlooking the He'eia wetlands and Ko'olau pali listening to the melodious shama thrush with a smile of contentment on her face. I truly believe she has never been happier in her life.

Although we have a compassionate use act over here, we do not have dispensaries where edible medicine and salves may be safely obtained. Proper preparation of useful meds is quite often beyond the capabilities of the most needy, even if the raw weed is available. Please do not take safe access away from Long Beach's most needy.

Another touching story appeared in today's New York Times:

Mele Kalikimaka and a Happy Prosperous New Year to all in Long Beach!

Don May

December 9, 2011

My Mother-in-Law's One High Day

By MARIE MYUNG-OK LEE

WHEN my mother-in-law was in the final, harrowing throes of pancreatic cancer, she had only one good day, and that was the day she smoked pot.

So I was heartened when, at the end of last month, the governors of Washington and Rhode Island petitioned the Obama administration to classify marijuana as a drug that could be prescribed and distributed for medical use. While medical marijuana is legal in 16 states, it is still outlawed under federal law.

My husband and I often thought of recommending marijuana to his mother. She was always nauseated from the chemotherapy drugs and could barely eat for weeks. She existed in a Percocet and morphine haze, constantly fretting that the sedation kept her from saying all the things she wanted to say to us, but unable to face the pain without it. And this was a woman who had such a high tolerance for pain, coupled with a distaste for drugs, that she insisted her dentist not use Novocain and gave birth to her two children without anesthesia. But despite marijuana's power to relieve pain

and nausea without loss of consciousness, we were afraid she would find even the suggestion of it scandalous. This was 1997, and my mother-in-law was a very proper, law-abiding woman, a graduate of Bryn Mawr College in the 1950s. She'd never even smoked a cigarette.

But then an older family friend who worked in an AIDS hospice came bearing what he said was very good quality marijuana. To our surprise, she said she'd consider it. My husband and I — though we knew nothing about marijuana paraphernalia — were dispatched to find a bong, as the friend suggested water-processing might make the smoking easier for her. We found ourselves in a head shop in one of the seedier neighborhoods in New Haven, where my husband went to graduate school, listening attentively to the clerk as he went over the finer points of bong taxonomy, finally just choosing one in her favorite color, lilac.

She had us take her out on the flagstone patio because she refused to smoke in her meticulously kept-up house. Then she looked about nervously, as if expecting the police to jump out of the bushes. She found it awkward and strange to smoke a bong, but after a few tries managed to get in two and a half hits.

And then she said she wanted to go out to eat.

For the past month, we'd been trying to get her to eat anything: fresh-squeezed carrot juice made in a special juicer, Korean rice gruel that I simmered for hours, soups, oatmeal, endless cans of Ensure. Sometimes she'd request some particular dish and we'd eagerly procure it, only to have her refuse it or fall back asleep before taking a bite. But this time she sat down at her favorite restaurant and ordered a gorgeous meal: whitefish poached with lemon, hot buttered rolls, salad — and ate every bite.

Then she wanted to go to Kimball's, a local ice cream place famous for cones topped with softball-size scoops. The family had been regular customers starting all the way back when my husband and his brother were children, but they hadn't been there since her illness. My husband and I shared a small cone, which we could not finish, and looked on in awe as my mother-in-law ordered a large and, queenishly spurning any requests for a taste, polished the whole thing off — cone and all — and declared herself satisfied.

We were of course raring to make the magic happen again, but it never did. The pot just frightened her too much. She was scared her friend would be arrested for interstate drug trafficking, that my husband and I would be mugged in New Haven; she was afraid she'd become addicted or (à la "Reefer Madness") go insane. It was difficult watching her reject something that had so clearly alleviated her nausea and pain and — let's admit it — lightened her mood in the face of the terrible fact that cancer had invaded nearly every essential organ. And it was even worse to watch her pumped, instead, full of narcotics that made her feel horrible. The Percocet gave her a painfully dry mouth, but even ice chips made her heave. We were reduced to swabbing her lips with little sponges dipped in water, and waiting out her agony.

My husband and I have dredged up the memory of that one good day many times since, how she smiled and joked, for the last time seeming a little like her old self.

After the funeral, saying goodbye to all the family and friends, supervising the removal of the hospital bed, bedpans and related paraphernalia, one of the last things my husband and I did, under the watchful eyes of the hospice nurse, was destroy her remaining Percocets. We opened the multiple bottles and knelt in front of the toilet to perform this secular water rite, wishing there had been other days, other ways, a softer way for her to leave us.

Marie Myung-Ok Lee, the author of the novel "Somebody's Daughter," teaches writing at Brown University.

From: diana lejins [mailto:dianalejins@yahoo.com]

Sent: Friday, December 09, 2011 11:47 AM

To: Suja Lowenthal; Patrick ODonnell; Gerrie Schipske; Dee Andrews; James Johnson; Rae Gabelich; Steve Neal; Gary DeLong; Bob Foster; Robert Garcia

Cc: Nancy Muth

Subject: Ban on LB MMj Clinics cruel and inhumane 12-11

Honorable Mayor Foster and Council Members

Banning all medical marijuana dispensaries in Long Beach would be tantamount to closing all of the pharmacies and drug stores because of prescription drug abuse. As a nation, we seem readily able to tolerate the ever-growing misuse of physician prescribed medications but vilify a much safer herbal compound. Meds issued by pharmacies are estimated to kill over 700,000 Americans every year, yet there has not been one documented death from medical cannabis.

One of the myths touted as a reason to close these clinics is that they create crime. In fact, a recent independent Rand study handily proved otherwise. The report was so profound that political forces who have a vested monetary interest in perpetuating this myth put pressure on Rand to squash it. The reality is that should a ban be enacted, the juvenile gangs will be more than happy to step up to the plate with regulation becoming an impossibility.

I often hear naïve suggestions that the patients should grow their medicine, in their own backyards. Imagine yourself one day receiving the news from your doctor that you have cancer and may only have a few months to live--you must begin chemotherapy in a week. How will you have the resources, expertise, energy and time to grow the medicine that you will need? What if you live in an apartment? What if you are just too sick or disabled? How can you force a plant to grow to maturity in a week? The whole concept is absurd.

Until the Long Beach City Council is ready to close all of the pharmacies and drug stores, the bars and liquor stores, the tobacco and convenience stores that sell alcohol and tobacco, it is ludicrous for them to ban the medical marijuana dispensaries. For the patients who are ill and/or disabled, it would be cruel and inhumane.

Instead, the Council needs to work with the clinics and citizens to find a rational solution and reasonable regulations. In addition, they must petition the state of California to fulfill their obligation in this arena—"to implement a plan to provide for the safe and affordable distribution of marijuana to all patients in medical need of marijuana," as declared in the Compassionate Use Act of 1996.

Peace be with you,

Diana Lejins
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Working to make the World a better place,
diana