

Lejins Correspondence-1

Carolyn Hill

From: diana lejins <dianalejins@yahoo.com>
Sent: Thursday, April 30, 2015 3:28 PM
To: Carolyn Hill; Poonam Davis
Cc: Diana Lejins
Subject: Bhutan & Marijuana

Dear MMj Task Force

May 2015

Being a seasoned traveler and photographer, a journey to the Kingdom of Bhutan placed high on my bucket list. Several years ago I visited there in a trip which also included China, Tibet and Nepal. The breathtaking flight from Nepal to Bhutan gave us spectacular views of Mt Everest and the snow-covered Himalayan mountain range—I thought I must have died and gone to Heaven.

As it turned out, the King of this tiny mountain democratic monarchy in the Himalayas was getting married the same week as my visit. The towns were exquisitely decorated and people donned their best regalia. Excitement was at a near frenzy in this normally sleepy and pastoral country. Every television was tuned in to the festivities, all eyes glued to the screen.

My journey was accompanied by a very competent and friendly guide. He was adept at giving me a well-rounded tour, allowing me to meet with the locals and finding interesting endeavors to delight even the most adventurous of travelers. A horse ride and hike to view the famous "Tiger's Nest" monastery built into the side of a vertical cliff highlighted the end of our sojourn.

Along the roadways, I spied what I thought was similar to a very curious plant—marijuana. When queried, the guide nonchalantly told me that cannabis grew wild everywhere in Bhutan. In fact, it was considered a weed and was cleared out by school children to feed their hogs. I mused that they must have the happiest pigs in the world.

With all of the hype about marijuana in this country, it occurred to me that it is not the plant nor its use that is the problem. It's the way we look at it. Putting people in prison over this relatively harmless herb is not the solution. Changing the way we think about it is the answer.

The Earth isn't flat, money doesn't grow on trees, the moon is not made of cheese and marijuana is not a demon drug. We have the choice here and now to consider the value of this plant as an eco-friendly fuel resource, a healthy food commodity, a clothing and fabric source and as a life-saving medicine. Holding on to your ignorance of the truth could cost someone you love their life.

Diana Lejins, Chair
Advocates for Disability Rights
Long Beach Medical Marijuana Task Force

Working to make the World a better place, diana

Carolyn Hill

From: diana lejins <dianalejins@yahoo.com>
Sent: Wednesday, April 29, 2015 4:53 PM
To: Carolyn Hill; Poonam Davis
Cc: Diana Lejins
Subject: 4th District Court of Appeal - Baniani Decision

Please post and distribute to MMj Task Force

Ruling could help marijuana collectives

Aug. 22, 2014

[BY ERIC HARTLEY](#) / STAFF WRITER

SANTA ANA – Members of medical marijuana collectives could have an easier time fighting criminal charges under a state appeals court ruling Friday.

The court threw out a felony conviction of the founder of a Newport Beach collective, saying he was barred from presenting a full defense at trial.

Because Herbal Run Marijuana Collective took money in exchange for marijuana, the trial judge would not let Borzou Baniani's lawyer put on a defense under the state's Medical Marijuana Program Act.

Baniani's lawyer, Scott C. Thomas, said Friday's ruling should help future defendants argue their collectives operated legally because they weren't making a profit.

"I think it's going to put more of a burden on prosecutors," Thomas said. The Attorney General's Office, which represented the state on appeal, didn't respond to requests for comment.

A jury convicted Baniani in 2013 of possession for sale of marijuana, and a judge sentenced him to three years' probation. But the appeals court reversed the conviction and sent the case back for a possible new trial.

A panel of the Court of Appeal for the Fourth District rejected the prosecution's argument that people can contribute money to a collective only before any marijuana is planted.

"It would be cruel for those whose need for medical marijuana is the most dire to require that they devote their limited strength and efforts to the actual cultivation of the marijuana and then wait months for it to grow so they can use it, or to require that they make their monetary contribution and then wait months for the marijuana to be planted, grown and harvested before they may lawfully be provided medical marijuana," Justice Eileen Moore wrote. "Moreover, for some the cultivation and processing would not be completed until it was too late to provide any relief."

Baniani said he started the collective after his uncle died of pancreatic cancer, and he consulted with a lawyer who wrote the bylaws and articles of incorporation for Herbal Run. Some members of the collective donated

time or expertise in exchange for marijuana, court records show. But others couldn't or didn't donate time and simply donated money.

In March 2010, an undercover Newport Beach police detective, Elijah Hayward, used a fake name and driver's license to get a doctor's recommendation for medical marijuana. Hayward then visited the Herbal Run collective on Campus Drive near John Wayne Airport, where he signed up as a member and paid \$60 for an eighth of an ounce of marijuana. Baniani wasn't there when the detective bought marijuana.

Weeks later, a different officer went to the office after someone called to report the smell of marijuana. Baniani was there that day and showed police the marijuana that was stored there for the collective.

Because the collective took cash for drugs, the prosecutor argued it wasn't protected by the Medical Marijuana Program Act, which exempts people growing marijuana in collectives from criminal prosecution as long as they don't make a profit. Orange County Superior Court Judge David Hoffer agreed.

But the appeals court said it should be up to a jury to decide whether the facts show a collective is a true nonprofit or a shield for a profit-making enterprise.

"Now at least ... people have a fighting chance," Thomas said.

Contact the writer: 949-229-5950 or ehartley@ocregister.com

Carolyn Hill

From: diana lejins <dianalejins@yahoo.com>
Sent: Thursday, April 30, 2015 5:42 PM
To: Carolyn Hill; Poonam Davis
Cc: Diana Lejins
Subject: How many children will die because of prohibitionists....?

Please acknowledge receipt, post and distribute to MMj Task Force

Thousands Of Families Demand Legal Medical Marijuana For Their Critically Ill Kids

Posted: 04/22/2015 8:17 pm EDT



Thousands of families of critically ill children and advocates for marijuana reform launched a national campaign Wednesday supporting the legalization of certain strains of cannabis oil that have shown therapeutic benefits.

Rep. Scott Perry (R-Pa.) [first introduced the Charlotte's Web Medical Access Act](#), named for 8-year-old Charlotte Figi, who successfully treats her debilitating seizure disorder with a non-psychoactive form of marijuana, last year. The measure, re-introduced in March after revisions, would remove similar types of medical cannabis from the federal list of Schedule I substances, which the federal government considers to have no medicinal value. All forms of marijuana are currently illegal under federal law.

"We're not trying to do something fringe here," Charlotte's mother, Paige Figi, who's spearheading the campaign, told The Huffington Post by phone in advance of the launch. "This is a human rights issue. This has been lifesaving for my daughter."

The campaign, dubbed the Coalition for Access Now, kicked off with an event at the National Press Club in Washington. In the coming months, the group plans to educate lawmakers and the public about the benefits of therapeutic hemp oil, which is derived from the marijuana plant and has been used to treat thousands of children with uncontrolled epilepsy.

Before Charlotte began using cannabis oil, she suffered sometimes hundreds of seizures a day. She had been treated with a cocktail of pharmaceuticals that produced an array of side effects, but failed to ease her convulsions. Three years ago, feeling like they were out of options, Figi and her husband learned about a strain of medical marijuana rich in CBD, a compound that doesn't produce the "high" commonly associated with smoking pot. They decided to try it.

“She’s 99.9 percent seizure-controlled now,” Figi said of her daughter. “She’s walking and talking and going to dance class. It worked.”

Figi decided to share her daughter’s story on Dr. Sanjay Gupta’s groundbreaking CNN documentary “Weed” in 2013. Hundreds of families in similar situations swarmed the family’s home in Colorado, where marijuana is legal for both medical and recreational purposes. The purveyors of the strain used to treat Charlotte, which is administered in an oil or capsule form, named it Charlotte’s Web in her honor.

“We had this big influx of medical refugees,” Figi said of the families who upended their lives to relocate to Colorado. “We saw the same thing over and over again. Now, thousands of children are controlling their conditions with this.”



ASSOCIATED PRESS

Charlotte Figi walks through a greenhouse growing Charlotte's Web.

In the year and a half since Charlotte’s story first made waves, 13 states have passed laws allowing children with intractable epilepsy to treat their conditions with CBD-rich strains of cannabis, including conservative strongholds like Georgia and Utah. Thirteen more are mulling similar legislation. Research on a [drug derived from CBD](#) is underway, but for now most doctors consider the substance’s success anecdotal.

But the plant’s illegal status under federal law creates significant barriers. Families can’t cross state lines with the oil in their possession. And it can’t be shipped between states, meaning all the cannabis consumed in one state must also be grown and produced there.

Moreover, each state law is written differently. In Utah, in-state cultivation is prohibited, forcing families who want to treat their children with cannabis to procure it at their own risk. New York, which passed one of the nation’s strictest medical marijuana laws last year, won’t provide it to patients until after a grace period.

“Until the federal law passes, state laws don’t allow you to do much of anything,” Figi said. “They’re too limiting.”

Children are dying in the meantime. Wisconsin resident Sally Schaeffer lost her 8-year-old daughter, Lydia, to a seizure in her sleep on Mother’s Day last year, one month after her state adopted its own CBD law. The Wisconsin legislation, which Schaeffer lobbied for and which Gov. Scott Walker named Lydia’s Law in her honor, contains an amendment that prohibits children from using the cannabis oil outside of a clinical trial. No hospital has yet signed on to conduct any trials.

“I fought so hard, and now my husband and I -- all we have is a headstone,” Schaeffer, who is working with Figi in support of the federal bill, told HuffPost through tears by phone. “I don’t want anyone to end up in our shoes. I don’t want anyone to have to bury their own child.”

Last summer, 9-year-old New York resident Anna Conte, whose family championed New York's medical marijuana law, [died from complications from her severe epilepsy](#). New York lawmakers had already passed the legislation at the time, but it won't go into effect until early 2016.

On Wednesday, the [Drug Policy Alliance released a video](#) that tells the story of 7-year-old Ohio resident Sophia Nazzarine, whose parents are desperate to treat her seizure condition with medical cannabis, but are prohibited from doing so in their state.

Figi said her goal is to have the Charlotte's Web Medical Access Act signed into law by July. Some conservative lawmakers, including Perry and Rep. Paul Ryan (R-Wis.), who oppose other forms of medical marijuana, have already voiced their support. Figi said the coalition will spend the next few months lobbying other Republican leaders.

“We don't have a full year or two years to go through all the committees -- we're making calls every day,” Figi said. “A mistake has been made and we're trying to fix it. With enough eyes and ears on this issue we can fix it.”

Working to make the World a better place,
diana 😊

After California decriminalized marijuana, teen arrest, overdose and dropout rates fell

WASHINGTON POST

Oct 2014

By Christopher Ingraham

A new report from the [Center on Juvenile and Criminal Justice](#) adds to the growing body of evidence that legalizing or decriminalizing marijuana does not lead to any number of doomsday scenarios envisioned by legalization opponents. Looking specifically at California, where [full marijuana decriminalization](#) went into effect on Jan. 1, 2011, the report finds that "marijuana decriminalization in California has not resulted in harmful consequences for teenagers, such as increased crime, drug overdose, driving under the influence, or school dropout. In fact, California teenagers showed improvements in all risk areas after reform."

Table 1. California's marijuana reform was followed by improvements in 15-19 year-olds' risk indexes, both absolutely and compared to teenagers elsewhere in the country

Index		Year before (2010)	Year after (2011)	2 years after (2012)	Change
Violent Deaths	California	28.5	27.4	24.7	-4%
	Rest of US	38.3	37.9	N/A	-1%
Drug Overdose Deaths	California	3.0	2.4	2.3	-20%
	Rest of US	3.9	4.0	N/A	4%
Suicide	California	5.3	5.8	4.6	9%
	Rest of US	7.8	8.7	N/A	11%
Criminal Arrest	California	9,505.3	7,712.0	6,612.2	-30%
	Rest of US	14,711.1	13,572.8	11,908.0	-19%
Drug arrests*	California	718.4	593.8	551.6	-23%
	Rest of US	2,013.7	1,794.0	1,734.4	-14%
Property crime arrests	California	2,272.1	1,996.1	1,708.0	-25%
	Rest of US	3,229.1	3,045.4	2,784.4	-14%
DWI, marijuana**	California	0.289	0.240	0.282	-3%
	Rest of US	0.119	0.131	0.129	+9%
School dropout rate	California	14.7%	13.1%	11.4%	-22%
	Rest of US	N/A	N/A	N/A	

Notes: Death and crime rates are per 100,000 population age 15-19. Change is 2011 versus 2010 for mortality measures, and 2012 versus 2010 for arrest and DWI measures. School dropout is those failing to graduate on time as a percent of all eligible students. DWI marijuana is the proportion of fatal accidents involving a driver under age 20 in which marijuana is found by test. Vital statistics are not available nationally for 2012, nor are comparable school dropout rates. Different measures may account for differences in California and national numbers. Sources: Centers for Disease Control (2014); California Department of Public Health (2014); Criminal Justice Statistics Center (2013); Federal Bureau of Investigation (2013); National Highway Traffic Safety Administration (2014); California Department of Education (2014). *Excluding marijuana possession arrests in California. **California drug-tests a substantially greater proportion of drivers than other states and therefore finds more drug involvement. The measure used here maximizes marijuana presence by treating multiple drug tests a separate when in fact they probably include testing the same drivers more than once.

Center on Juvenile and Criminal Justice

Most notable in the above table is the drop in school dropout rates. Recent studies have suggested links between heavy marijuana use and [low school completion rates](#). But many experts question the direction of causality in this relationship, suggesting that there could be any number of confounding factors that account for this relationship. While it's still early

in California's decriminalization experiment, the numbers above should suggest we cast a skeptical eye on claims of plummeting academic achievement in a post-legalization world.

In fact, as the report authors write: "By a variety of measures, California's teenage behaviors actually improved dramatically after marijuana was effectively legalized — improvements that occurred more weakly or not at all among older Californians and among teenagers nationwide."

Now of course this doesn't address causality, and these numbers shouldn't be taken to imply that decriminalization *caused* these declines. But they do show, pretty clearly, that in the two years since full-scale decriminalization went into effect, California's kids are still all right. The sky hasn't fallen. And they add to a mounting body of research that shows, for instance:

- that [teen drug and alcohol use continues to fall](#), even as more states decriminalize marijuana and make it available for medical purposes;
- that states with medical marijuana laws [haven't seen any uptick in teen marijuana use](#);
- that states with medical marijuana have actually seen [decreases in prescription drug overdoses](#);
- that Alaska, where personal marijuana use has been *de facto* legalized for nearly 40 years, is [completely average](#) on a variety of economic and demographic indicators;
- and that [traffic fatalities have fallen in Colorado](#) since legalization there.

By contrast, there is little evidence of increased social harms in states where marijuana has been decriminalized. The one credible study I'm aware of is a DEA report finding that more Colorado drivers involved in car crashes are [testing positive for marijuana use](#). But a bucket of salt is needed here: unlike alcohol, inactive marijuana metabolites remain in the body long after consumption - days or weeks, depending on frequency of use. But the presence of metabolites doesn't necessarily indicate you were high at the time of the test - only that you got high some time in the days or weeks prior.

Even if we accept that more Coloradans are using marijuana, and that some of them are getting behind the wheel while stoned, we still have to note that traffic fatalities are down overall - this is likely because it's [far less dangerous](#) to drive stoned than it is to drive drunk. This would suggest that some Coloradans are using marijuana in place of alcohol, rather than in addition to it.

In short, the barrier of proof facing legalization opponents is incredibly high. In order to present a compelling case against marijuana liberalization, they have to demonstrate A) that liberalization is associated with a negative outcome; B) that that association is indeed causal, not just coincidental; and C) that the harms from that negative outcome are greater than the myriad harms caused by blanket prohibition of marijuana. But so far, state experiments with liberalization have not produced any consequences that pass even that first test. Considering that we're now close to 20 years out from when California voters first legalized medical marijuana, this should be reassuring news for everyone.



Originally published September 24 2014

Cannabis dissolves cancerous tumor in young infant, deemed a 'miracle baby' by physician

by Carolanne Wright

(NaturalNews) Instead of opting for chemotherapy and radiation in an attempt to shrink an inoperable brain tumor, the father of an eight-month-old baby pushed for alternative treatment with cannabis oil. The baby's physician, Dr. William Courtney, was initially skeptical early in his career about cannabis as medicine but has since seen such impressive results that he's now a staunch advocate for its use.

"They were putting cannabinoid oil on the baby's pacifier twice a day, increasing the dose... And within two months there was a dramatic reduction, enough that the pediatric oncologist allowed them to go ahead with not pursuing traditional therapy," said Dr. Courtney in an interview with *The Huffington Post*.

At four months, the tumor was completely gone. And after eight months of treatment, the brain tissue was considered completely normal.

Dr. Courtney notes that the successful application of cannabis to heal means that "this child, because of that, is not going to have the long-term side effects that would come from a very high dose of chemotherapy or radiation... currently the child's being called a miracle baby, and I would have to agree that this is the perfect response that we should be insisting is frontline therapy for all children before they launch off on all medications that have horrific long term side effects."

A healing phenomenon

Cannabis has a wide range of reported therapeutic uses -- from cancer to asthma, as well as from neurodegenerative diseases to autoimmune disorders. Several U.S. states have recognized the beneficial healing aspects of [cannabis](#) and have therefore made it available for medicinal purposes. On the other hand, two states, Washington and Colorado, have taken this a step further and legalized cannabis for recreational use.

Numerous studies support the incredible healing capacity of cannabis, especially regarding [cancer](#). The National Cancer Institute alone has documented 25 studies on the exceptional power that cannabis possesses to halt the progression of cancer. In animal tests, two forms of liver cancer -- hepatic adenoma tumors and hepatocellular carcinoma -- decreased when cannabis was given. Benign tumors in other organs, such as the pancreas, testes, uterus and mammary and pituitary glands, were diminished as well. Several reviews also found that cannabinoids appear to encourage cancer cell death (apoptosis), while preserving normal cells. Moreover, cannabis induces programmed cell death in breast cancer cell lines and offers protection against both colorectal and lung cancer.

The list of benefits could seemingly go on forever. To learn more about the wonder of cannabis, have a look at [this](#) comprehensive documentary by leading researchers and physicians in the field.

If we want to see change in the world, we need to be the change.

Lejins Correspondence-6



New York: Advocates Mourn Death of Child at Center of Medical

Marijuana Battle

Submitted by steve elliott on Wed, 07/23/2014

Death Fuels Demand for Emergency Access to Medical Marijuana for Critically Ill Patients in New York

Anna Conte, a nine-year-old from Orchard Park, New York, who died last week after falling into a coma following a severe seizure, was laid to rest on Wednesday. Anna suffered from Dravet syndrome, a life-threatening seizure disorder that has been treated with medical marijuana in states where it is legal. Medical marijuana has dramatically reduced the number of seizures in many children with similar seizure disorders.

In an effort to help their daughter, the Conte family joined the successful fight to pass a medical marijuana bill in New York. The Contes travelled repeatedly to Albany, persuading several powerful New York senators to support the bill and generating thousands of phone calls and emails to Albany leadership. Advocates around the state came to know and love Anna and her family and admire their selfless advocacy which was always accompanied with a sense of humor.

Tragically, Anna Conte did not live long enough to benefit from the law that her family helped pass. Governor Cuomo, who signed the bill into law just days before Anna's passing, has said that it will take 18 months or longer for New York to implement the law and develop the full medical marijuana patient access system.

Families and advocates are urgently calling upon Governor Cuomo to take immediate action establishing expedited access to medical marijuana for those patients and families, like the Conte's, who cannot wait until the full system is up and running. "After nine years of fighting, her little body just had enough," said Anna's mom, Wendy Conte, reports the *Buffalo News*. "She did more in her nine years than what many people do in a lifetime."

"We are deeply saddened by the death of Anna Conte and two other New York children with severe seizure disorders who have died since New York's medical marijuana bill was signed into law," said Julie Netherland of the *Drug Policy Alliance (DPA)*. "Anna and her family played a central role in passing New York's medical marijuana law.

"Our hearts go out to the Conte's and the other patients and families during this time of tragedy," Netherland said. "Part of Anna's legacy is having changed history to benefit thousands of seriously ill New Yorkers.

"These deaths have made even clearer what we already knew — the 18-month or longer timeline for implementing New York's recently passed medical marijuana law is simply too long for some patients who face life-threatening or terminal illnesses," Netherland said. "These patients and their caregivers, including the parents of children with severe seizure disorders, have been at the forefront of the fight to create safe and legal access to medical marijuana. In fact, at the bill signing ceremony, Governor Cuomo stood with a young girl who suffers from Dravet Syndrome, the same life-threatening seizure disorder that tragically took Anna Conte's life.

"Unfortunately, several more children are likely to die waiting for New York to implement its medical marijuana program," Netherland said. "While not all of these deaths can be prevented by medical marijuana, we have a moral obligation to make this medicine available as soon as possible.

"Because implementation of the full medical marijuana patient access system will take 18 months, Governor Cuomo and leaders in Albany must work swiftly to establish a temporary emergency program for expediting access to medical marijuana for those with life-threatening or terminal illnesses," Netherland said. "By establishing a temporary, interim emergency access program, patients with life-threatening or terminal illnesses won't have to wait 18 months or longer for the full system to come online.

"We can immediately save lives and ease suffering at the end of life by establishing emergency, expedited access," Netherland said. "New York cannot stand by while more people die needlessly."

Photo of mother Wendy Conte and daughter Amy, then 8: *Buffalo News*

Report: Suicide rate spikes among young veterans

By Leo Shane III

Stars and Stripes

Published: January 9, 2014

- Death rate unusually high for young veterans
- Report: VA's mental health efforts fall short now, won't keep pace in the future
- Report: Stigmas stop veterans in need from seeking health care

WASHINGTON -- The number of young veterans committing suicide jumped dramatically from 2009 to 2011, a worrying trend that Veterans Affairs officials hope can be reversed with more treatment and intervention.

New suicide data released by the department on Thursday showed that the rate of veterans suicide remained largely unchanged over that three-year period, the latest for which statistics are available. About 22 veterans a day take their own life, according to department estimates.

But while older veterans saw a slight decrease in suicides, male veterans under 30 saw a 44 percent increase in the rate of suicides. That's roughly two young veterans a day who take their own life, most just a few years after leaving the service.

"Their rates are astronomically high and climbing," said Jan Kemp, VA's National Mental Health Director for Suicide Prevention. "That's concerning to us."

Reasons for the increase are unclear, but Kemp said the pressures of leaving military careers, readjusting to civilian life and combat injuries like post-traumatic stress disorder all play a role in the problems facing young male vets.

Female veterans saw an 11 percent increase in their suicide rate over the same span. Overall, suicide rates for all veterans remain significantly above their civilian counterparts.

The good news, according to the report, is that officials have seen decreases in the suicide rates of veterans who seek care within the VA health system. Of the 22 deaths a day, only about five are patients in the health system.

"What we're seeing is that getting help does matter," Kemp said. "Treatment does work."

Now, she said, the challenge is expanding that outreach. Persuading younger veterans to seek care remains particularly problematic, because of stigma associated with mental health problems.

VA officials have boosted their mental health personnel and suicide hotline staff in recent years, but the outdated data doesn't reflect those changes.

The report also notes that national rates of suicide have remained steady or increased slightly in recent years, indicating the issue is a larger national health problem, not simply a military and veterans issues.

The Veterans Crisis Hotline is staffed 24 hours a day, 7 days a week, at (800)-273-8255, press 1.

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Pictures are taken five months apart

Before medicinal cannabis

On three medications that made her a walking zombie, John Hopkins said next step was to remove the entire left side of her brain, she could not read or do simple math



Pictures taken by Faces of Cannabis

During Cannabis

Off all daily pharmaceutical medication, now reads and can do addition and subtraction, has quality of life but can't leave the state of Colorado

Lejins-Correspondence-9

April 27, 2015

City of Long Beach Medical Cannabis Task Force
Facilitator Mary McCormick
Chair Charlyn Bender
Vice-Chair Marc Greenberg

RE: **BROWN ACT VIOLATION_– CLB Medical Cannabis Task Force**

At the April 15, 2015 meeting, I was extremely troubled by what I believe was a violation of the Brown Act. At the end of that meeting when I began to speak at the designated Public Comment, my pertinent presentation was disrupted and thwarted by a Task Force member. After reviewing the Brown Act (excerpts included below), it appears to me that this body has violated my right to “**speak on an item of interest within the subject matter jurisdiction of the legislative body.**”

The goal of the Brown Act is to protect the public from subjective censorship by public officials (and appointed public committee/commission/task force members). This protection of citizen participation must be zealously guarded from those who would thwart its very purpose.

Additionally, the Chairs and Facilitator should be governing this body. Unbridled micro-governance by individual members would only lead to confusion and chaos. And, as in this case, Brown Act violations are more likely to occur.

BROWN ACT & PUBLIC COMMENT per League of California Cities

Every agenda for a regular meeting must allow members of the public to speak on **ANY** item of interest, so long as the item is **within the subject matter** jurisdiction of the legislative body. Further, the public must be allowed to speak on a specific item of business before or during the legislative body’s consideration of it.

Moreover, the legislative body cannot prohibit public criticism of policies, procedures, programs, or services of the agency or the acts or omissions of the legislative body itself.

Brown Act –Rules of the Game

By E.A. Barrera

February 4, 2011-- The rules of procedure by which all elected boards conduct their meetings are spelled out in a 1953 statute signed by former U.S. Supreme Court Justice and California Governor Earl Warren. Called the Ralph M. Brown Act, it establishes rules for conducting public meetings - and under what specific circumstances a public agency may operate in secret. All political and public agencies in the state of California are subject to the Brown act, unless specifically exempt.

The public has the right to testify on ANY subject within a political body or public agency's jurisdiction. The agency in question can only debate and vote on matters contained within that meeting's agenda, but the public has the right to request that an item within the agency's jurisdiction be placed on a future meeting's agenda.

CALIFORNIA OFFICE OF THE ATTORNEY GENERAL

As the courts have stated, **the purpose of the Brown Act is to facilitate public participation in local government decisions** and to curb misuse of the democratic process by secret legislation by public bodies. (Cohan v. City of Thousand Oaks (1994) 30 Cal.App.4th 547, 555.)

Public Testimony: Every agenda for a regular meeting **shall provide an opportunity for members of the public to directly address the legislative body on ANY item under the subject matter jurisdiction of the body.** With respect to any item which is already on the agenda, or in connection with any item which the body will consider pursuant to the exceptions contained in section 54954.2(b), the public must be given the opportunity to comment before or during the legislative body’s consideration of the item. (§ 54954.3(a).)

City of LB MEDICAL CANNABIS TASK FORCE RESOLUTION

NOW, THEREFORE, the City Council of the City of Long Beach resolves as follows:

Section 1. The City Council hereby establishes the "City of Long Beach Medical Cannabis Task Force" ("the Task Force").

Section 2. The Task Force shall advise the City Council on the appropriate parameters of a medical marijuana regulatory ordinance for the City of Long Beach, including, but not limited to, recommendations on the appropriate number and locations of medical marijuana facilities citywide, operational restrictions, methodology of testing to ensure safety of supply, appropriate buffers between medical marijuana facilities and other sensitive land uses, appropriate advertising of facilities and products, records retention requirements, auditing for the purpose of sales tax and other regulatory compliance issues, the use and employment of security guards, the appropriateness of a "local hire" requirement, the sale of medical marijuana in edible or liquid form, a point or other system for determining permit allocation priorities, and **such other matters as would aid the City Council in its efforts to develop a medical marijuana regulatory ordinance.**

Section 4. The Task Force shall meet as necessary and convenient in accordance **with the relevant provisions of the Ralph M. Brown Act in order to discuss and receive public input** regarding the appropriate parameters of a medical marijuana regulatory ordinance for the City of Long Beach.....

Your timely consideration and correction of this matter would be truly appreciated. Additionally, I would like to complete my presentation in addition to any normal public comment at the April 29 meeting. You may reach me at (562) 421-8012 should you care to discuss it further.

Sincerely,

Diana Lejins

Chair, Advocates for Disability Rights & LB MMj Task Force

Lejins

Correspondence-10

Public figure v Privacy Rights

From Wikipedia, the free encyclopedia

In United States law, **public figure** is a term applied in the context of [defamation](#) actions ([libel](#) and [slander](#)) as well as [invasion of privacy](#). A public figure (such as a [politician](#), [celebrity](#), or business leader) cannot base a lawsuit on incorrect harmful statements unless there is proof that the writer or publisher acted with [actual malice](#) (knowledge of falsity or reckless disregard for the truth).^[1] The [burden of proof](#) in defamation actions is higher in the case of a public figure.

The controlling [precedent](#) in the [United States](#) was set in 1964 by the [United States Supreme Court](#) in *New York Times Co. v. Sullivan*. It is considered a key decision in supporting the [First Amendment](#) and [freedom of the press](#).

A fairly high threshold of public activity is necessary to elevate people to public figure status. Typically, they must either be:

- a **public figure**, either a [public official](#) or any other person pervasively involved in public affairs, or
- a **limited purpose public figure**, meaning those who have "thrust themselves to the forefront of particular public controversies in order to influence the resolution of the issues involved." A "particularized determination" is required to decide whether a person is a limited purpose public figure, which can be variously interpreted.^[2]

A person can also become a "limited public figure" by engaging in actions which generate publicity within a narrow area of interest. For example, [jokes about]... [Terry Rakolta](#) [an activist who spearheaded a boycott of the show *Married With Children*] were [fair comments](#)... within the confines of her public conduct [and] protected by Ms. Rakolta's status as a "limited public figure".

Diminished Privacy Rights for Public Figure/Official

Another factor that may "significantly diminish[]" the privacy interest is a subject's public figure or public official status.⁷² "[P]ersons who have placed themselves in the public light, e.g., through politics, or voluntarily participate in the public arena have a significantly diminished privacy interest than others."

For example, a court held that a person "closely associated with" former U.S. President Ronald Reagan had a "significantly diminished" privacy interest in information about his 40 year-old traffic violations because he was a public figure.⁷⁴ The court noted that this person had written memoirs, hosted a radio show for decades, was described on his website as "a popular national speaker on issues related to conservative politics, adoption, and the life lessons," and garnered press attention through his views on the Republican nomination process and campaign efforts for a presidential candidate.⁷⁵

Lejins-Correspondence-11

Dear LongBeachcomber Editor

Thank you for your enlightening article “Weed on Wheels” in your last issue. It truly emphasizes the need for citizens to have safe access to this wonderful healing herb—cannabis. We have close to 900 establishments in Long Beach that serve and/or sell alcohol. Yet, there is a total ban on marijuana collectives even for medicinal use.

Consider this:

Every 15 seconds a woman battered in U.S. (U.S. Department of Justice)

Domestic violence is the leading cause of injury to women ages 15-44.

Estimates of 70-90% connect alcohol to domestic violence.

Four women and three children die each day in the U.S. from domestic violence.

Marijuana use has been linked with a LOWER risk of physical abuse among married couples than the average population.

40% of all violent crimes are connected to alcohol consumption.

Numerous studies have shown a reduction in violence when cannabis is legalized/decriminalized.

Alcohol is a factor in 88,000 deaths in the U.S. per year (Centers for Disease Control & Prevention).

How many deaths in the entire history of mankind were the result of marijuana overdose? ZERO

Alcohol is involved in over a quarter of all suicides in the U.S. (approximately 7500 per year).

More than one-third of suicide victims used alcohol just prior to death.

Studies show a reduction in suicide rates where marijuana is legalized/decriminalized.

Which one is safer, cannabis or alcohol? You do the math!

No one should go to prison for a God-given plant.

Take care

Diana Lejins

Chair, Advocates for Disability Rights

Lejins-Correspondence-12

Morgan Freeman Destroys The Argument Against Marijuana Legalization

by Sam P.K. Collins  Posted on May 11, 2015

Morgan Freeman Destroys The Argument Against Marijuana Legalization

Since a 2008 car accident that shattered bones in his left arm, shoulder, and elbow, marijuana has served as an effective pain reliever for award-winning actor Morgan Freeman.

Freeman, an unabashed supporter of marijuana legalization, recently told the Daily Beast that there were too many medical benefits for lawmakers to ignore the issue, and public opinion, any longer.

“Marijuana has many useful uses. I have fibromyalgia pain in this arm, and the only thing that offers any relief is marijuana,” Freeman said. “They’re talking about kids who have grand mal seizures, and they’ve discovered that marijuana eases that down to where these children can have a life. That right there, to me, says, ‘Legalize it across the board!’”

Freeman counts among a growing chorus of celebrities who have expressed their support of marijuana legalization. Whoopi Goldberg, former comedian and co-host of daytime talk show *The View*, defended marijuana legalization before more than 3 million viewers, even inviting her co-hosts on a marijuana farm to learn more about the plant. Veteran actress Susan Sarandon, a member of the Marijuana Policy Project’s advisory board, admitted to sparking up before every award show. Even his holiness the Dalai Lama surprised Buddhists and non-Buddhists alike when he said that marijuana should be used for medical purposes.

These public figures have echoed a growing sentiment and shift in thinking about marijuana in the United States that has been in motion since California legalized medical marijuana in 1996. Since then, four states have legalized it and 12 have passed legislation for its medical use and decriminalization. Doctors prescribe marijuana for a host of ailments including muscle spasms caused by multiple sclerosis, nausea from cancer chemotherapy, seizure disorders, poor appetite and weight loss caused by HIV, and nerve pain. Studies have also shown marijuana to be a less addictive alternative to prescription painkillers.

The debate has even crossed into veteran affairs. If a bipartisan coalition of lawmakers have their way, doctors in states that have legalized medical marijuana will be able to prescribe it to veterans suffering from post-traumatic stress disorders. This week, Tennessee Governor Bill Haslam signed a bill for limited medical use of cannabis oil, a product that some medical professionals say treats seizures.

Even with the headway made in marijuana policy reform, the plant maintains its designation as a Schedule 1 substance, along with other drugs that the federal government says have a high potential for abuse and are without medical benefits. In his comments to the Daily Beast, Freeman also derided what he described as archaic logic.

“They used to say, ‘You smoke that stuff, boy, you get hooked!’” Freeman said. “My first wife got me into it many years ago. How do I take it? However it comes! I’ll eat it, drink it, smoke it, snort it! This movement is really a long time coming, and it’s getting legs – longer legs. Now, the thrust is understanding that alcohol has no real medicinal use. Maybe if you have one drink it’ll quiet you down, but two or three and you’re fucked.”

The government’s rationale for not legalizing marijuana, however, may no longer stand with the release of a study that confirmed the plant’s potential to reduce aggressive types of brain tumors when combined with radiation treatment. In April, the National Institute on Drug Abuse (NIDA) issued a revised report acknowledging the St. George University of London study and findings summarized in a research report last November. “The U.S. Food and Drug Administration (FDA) has not recognized or approved the marijuana plant as medicine,” the statement read. “However, scientific study of the chemicals in marijuana, called cannabinoids, has led to two FDA-approved medications that contain cannabinoid chemicals in pill form. Continued research may lead to more medications.”

For now, conducting further study will be easier said than done. Federal barriers to research mean that scientists often have to jump through hoops to secure samples legally through the U.S. Department of Health and Human Services and NIDA, a process that delays research by months, and oftentimes years.

That’s why there’s been some pressure to reclassify marijuana. Earlier this year, the American Academy of Pediatrics urged the federal government to downgrade marijuana to a Schedule II drug, which would allow for more research into its potential uses to treat sick children suffering from seizures. “A Schedule I listing means there’s no medical use or helpful indications, but we know that’s not true,” Seth Ammerman, a clinical professor in pediatrics at Stanford University who co-authored the group’s policy statement on the subject, said at the time.