Rx Marijuana

PWAs by the hundreds are beating health threats with pot-but not for long, if the drug warriors have their way

December 1, 1997 By Stacie Stukin

“In my dream, I’m in this hospital. I’m trying to get away, but I can’t,” George Gonzales says. The 37-year-old electrical supply distributor is recalling his fitful sleep as he takes a visitor on a tour of the garden at his El Monte, California home. It is twilight and the diffuse streaks of sun illuminate red roses, sunflowers, climbing stalks of corn, fragrant white lilies and a pumpkin patch. His partner of 11 years, Ray Reyes (name changed), looks on, sipping a tall glass of ice water as Gonzales points out the medicinal plants and herbs-echinacea, mint and Pasote. Then Gonzales notes that there’s one crucial herb missing from his horticultural wonderland as he recalls another, but very real, nightmare. “Over there,” he says, pointing to a sunny spot in front of a bamboo fence. “That’s where I used to grow cannabis, until the neighbors narc’d on me.”

Gonzales was lucky that the cops who came into his yard four years ago acted compassionately. After he explained that he and Reyes are HIV positive and marijuana was part of their medical treatment for constant nausea from meds, the police yanked eight aromatic and budding pot plants out of the earth and gave him a warning. It also didn’t hurt that Gonzales grew up in the neighborhood and knew one of the officers from high school. “They could have put me away for a long time,” he says, shuddering at the thought.

Four years ago, Gonzales wasn’t protected by Prop 215, the California initiative passed last November that offers “medical need” as a defense for those caught possessing, smoking or growing marijuana if the drug was recommended by a physician. Gonzales could easily have become yet another statistic in the war on drugs waged by a president who didn’t inhale and later said he wished he had. In fact, since Clinton was elected, more Americans have been imprisoned for marijuana offenses than during any other comparable time period in history, with marijuana-related arrests for 1995 reaching a national record of 600,000.

But as Gonzales sits at his wooden picnic table, enjoying the calm at the end of the day, and talks about the advent of Prop 215, the war on drugs is the farthest thing from his mind. Despite the federal government’s failure to acknowledge marijuana’s therapeutic effects for ailments like AIDS, glaucoma, cancer and multiple sclerosis, and its attempts to squelch the California law, Gonzales and people with HIV all over the country know that the medical use of marijuana is literally saving lives or at least making life more bearable. Scores of people with such illnesses

report that pot relieves pain, controls seizures and muscle spasms, stimulates the appetite and combats wasting. It also curbs nausea caused by antiretrovirals, protease inhibitors and chemotherapy. Physiological benefits aside, the psychological effects of marijuana for some are realized in mood elevations, stress relief and a greater capacity to cope. “It makes it easier to deal with everyday life. It’s definitely an escape,” Gonzales says. “But if you’re not using it for medical purposes, if you just want to get high or smoke all day and watch TV, that’s a waste of time.”

While a not-so-polite policy debate rages nationally on the medical use of marijuana, the issue for PWAs and their care givers is simple-how to get access to a therapeutic treatment that has been stigmatized, demonized and, in most cases, just plain outlawed. As Gonzales puffs on a joint to rev up his appetite before dinner, he explains his dilemma: “I can’t deal without the marijuana. I’m sorry about what some people might think of me. I just can’t deal without it.”

Right now, PWAs who want to use marijuana may find themselves “dealing” by procuring their medicine illictly from people who may not have their best interests or safety in mind. “People with AIDS and cancer are forced into alleys with drug dealers to get something that will alleviate pain and suffering,” says Los Angeles PWA Mary Lucey.

There’s always the FDA-approved synthetic version of THC called Marinol, but many doctors and patients say that smoking marijuana is cheaper, more effective and the dosage is easier to control. “When I took Marinol, it was like an acid trip,” Los Angeles PWA Rafael Pascal, Jr., who put on 20 pounds within a month of joining a cannabis buyers club. Although he had been clean and sober for eight years, he decided that the benefits of smoking pot were a vital part of his well-being. And the fact that marijuana is an illegal substance isn’t a barrier for many in the AIDS community. “We’ll deal with the law later,” Lucey explains. “We’re dying now.”

Nowhere has this disregard for the law been more bold than in California. While the passage of Prop 215 was truly a victory for medical marijuana proponents and shone a national spotlight on the issue, it only gave murky legal protection to a nonprofit marijuana buyers-club movement that had been flourishing among grass-roots AIDS and patient advocates since 1992. Now, according to the National Organization for the Reform of Marijuana Laws (NORML), there are about 30 cannabis buyers clubs nationwide; close to half are in California. Even before the club movement boomed in the ’90s, there were informal networks of patients who cultivated and procured marijuana for those in need.

Clubs like the Los Angeles Cannabis Buyers Club (LACBC) in West Hollywood are for the most part patient-driven operations whose success depends on a close link with local law enforcement and the community-at-large. Not only has the LACBC garnered the blessings of the city council and sheriff, it has also joined the city’s Chamber of Commerce. “There’s a general feeling that since the [1996] election, Americans have woken to the issue of medical marijuana, but for all of us it started six or seven years ago or the day we were diagnosed,” says LACBC President Scott Imler, sitting at his desk in the back room of the club that he calls home (his office doubles as the bedroom he and his partner share after hours). “We organized ourselves to get off the black market,” he says. “We weren’t going to take no for an answer and we weren’t going to suffer

silently.”

Imler started using marijuana after a serious ski accident left him with a chronic seizure disorder. And while he is not HIV positive, over 70 percent of the club’s members are. A tall, lanky fellow with a slow and determined voice, Imler, who opened a Santa Cruz buyers club in 1993 and helped pass a local medical marijuana ordinance there, oversees the club’s operation with the hawk eye of a strict yet caring schoolteacher. As U2 drifts in and out of earshot over the whir of industrial-strength fans that aren’t doing much to cool the place, Imler explains the club’s regimented protocols.

Members can choose from a variety of cannabis grades like Cherry Bomb (smooth smoke, high THC content), which costs about $70 for an eighth ounce, or Sativa con Semilla (fine mid-grade, good potency with seeds) for $30 an eighth. Before they can enter the club, a security guard checks their ID because only members and/or their caregivers are allowed. Those seeking membership are required to bring not only a doctor’s diagnosis but also a letter that confirms their doctor knows they are using marijuana. Upon entering the club, IDs are checked again when orders are placed. A computerized program tracks the consumption of the over-500 members, who are limited to 27 grams of pot (slightly less than an ounce) a week. “One of the most common complaints is that we’re too bureaucratic,” Imler says. “But we’re trying to cut through 30 years of tie-dye and Grateful Dead concerts and be a medical operation.” Imler’s conscientious demeanor is as much a necessity for the business as are the club’s rigid rules. Despite LACBC’s local sanction, Imler never forgets that using, selling and cultivating marijuana are still federal crimes and no one is exempt from a military-style raid by the Drug Enforcement Administration (DEA).

A stone’s throw away from Imler’s office is the heart of the club. A pair of futon couches covered in leopard-spotted sheets section off the designated smoking area. On this Friday, the club’s vice president, a PWA named Richard Eastman, is overseeing the afternoon’s baking activity. In addition to marijuana for smoking, the LACBC sells a small variety of pot-laced baked goods. Sitting on the counter is an industrial-size box of Betty Crocker Supreme Brownie Mix and simmering on the stove is a mixture that resembles an exotic spiced Indian dish. The aroma of butter mixed with marijuana wafts throughout the loft-like space that’s in various stages of disrepair, as three club members grease baking sheets and mix gooey chocolate batter in oversize aluminum bowls.

Meanwhile, Eastman, the unofficial club den mother, brings out a tray of ham-and-cheese sandwiches slathered in mayonnaise. He sits down at a table with an elderly club member, a former physician with crippling MS, and rolls her marijuana into thin cigarettes. “When I’m not hungry, I smoke two to three joints a day to get my appetite going,” he says. Then he begins to share with fellow club members his recent experience with Viramune (nevirapine). He points to a red, blotchy rash on his upper left arm and assures everyone this is a common side effect. The familiar nods of those listening confirm that the LACBC serves more than one purpose. Dispensing alternative therapy is just one part of the equation.

While LACBC members like Eastman have the privilege of a safe-house where they can get the

medicine they need, Johann Moore's charge is a bit more tricky. The 34-year-old activist runs a buyers club in a city where there is no legal protection like Prop 215. What Moore calls "a flying-circus buyers club operation" is basically a roving dispensary that started four years ago when he and a pot-dealer friend began passing out palm-size baggies of weed in Manhattan's West Village to a handful of friends who needed marijuana. Moore's efforts have grown into a thriving network with more than 200 members. "It's a cheap medicine that keeps people alive," he explains. "There's no profit involved and we don't need to interface with the big pharmaceutical companies to deal with it." When asked if he's afraid of getting busted, Moore responds rapidly with the assurance of someone who believes he has the moral high ground. "They're going to lose if they treat us with anything other than kid gloves. There's no way they'll win in the court of public opinion or in the jury box." Indeed, most clubs are made up of individuals with HIV and AIDS (PWAs account for 75 percent of the New York club's members) which makes the possibility of prosecution less likely. Either juries will abide by the medical necessity defense, or the prosecutors simply have enough compassion to not bring these cases to trial.

Despite the public opinion debacle that local prosecutors may find themselves in should they decide to press charges against those supplying sick people with pot, federal authorities such as the DEA won't seem to be as publicity-minded. When a couple of casually dressed DEA agents greeted Dr. Robert Mastroianna early one January morning, the Northern California family physician found out that hard way what happens when the feds decide to flex their jurisdiction muscle. They presented him with a copy of a marijuana recommendation he wrote after the passage of Prop 215 and asked to see his DEA registration number. They also visited a local pharmacist where they reviewed Mastroianna's prescription records. To date, no action has been taken against him.

This Big Brother response by the feds against a private family physician fits in perfectly with the government's medical marijuana agenda. Last December, Health and Human Services Secretary Donna Shalala, Drug Czar Gen. Barry R. McCaffrey and Attorney General Janet Reno publicly lambasted Prop 215 and threatened to revoke prescribing privileges and to criminally prosecture doctors who recommended marijuana to their patients. "These propositions are not about compassion," McCaffrey said. "They are about legalizing dangerous drugs." Calling marijuana a dangerous drug confuses the issue of drug abuse with the therapeutic benefits of medical marijuana, says San Francisco-based HIV specialist Dr. Virginia Cafaro. She was a plaintiff in a class-action lawsuit against the government which argued that punishing doctors who recommend marijuana violates First Amendment rights. "I'm not out to encourage or support the sale of crack on the corner," she says. "I support the war on drugs for street drugs, not for medicine."

In May the group of California doctors that included Cafaro won an injunction that prohibits the feds from taking action against them for recommending marijuana, but many remain scared to do so, particularly when their livelihood and professions are on the line. Even Cafaro, an out-spoken defender of medical pot, says she gets jittery when she sees anyone in her office wearing a dark suit. What if it's a DEA agent waiting to question her or revoke her prescribing privileges? The feds, Cafaro explains, have successfully put the fear of license revocagion and jail into doctors treating patients who can benefit from medical marijuana. "I get very nervous at times," she says.

“I have been quite concerned about being a person defending the use of marijuana. I suppose if the government wanted to make an example of someone, I would be one of the first targets.”

Medical marijuana has the credibility problem that some say is exemplified by the cavalier attitude of one of the movement’s pioneers, Dennis Peron, a longtime gay- and civil-rights activist, helped to change San Francisco law and legalize medical pot when an initiative he sponsored passed with 80 percent of the vote in 1991. The following year he opened the first buyers club, the San Francisco Cannabis Buyers Club, in tribute to the lover he lost to AIDS. For all of his good intentions and controversial outspokenness-“90 percent of all marijuana use is medical”-other activists say the club’s lax admission protocols are reckless, irresponsible lapses in a movement that needs all the legitimacy it can muster (one woman was admitted with a yeast infection diagnosis). “Our biggest problem right now is credibility,” says rainbow-flag creator Gilbert Baker, a longtime gay-rights activist. “People run around saying all use is medical and then we see every stoner in the world on the news wearing tie-dye. It’s hard for us to get support when people are acting like such clowns.”

For Peron, the battle is bigger than medical marijuana. “This is about the continuing battle for civil rights,” he explains. “It’s not about marijuana. It’s a metaphor for a lot of injustice in America.” Despite Peron’s contentious stances, he is still considered the “angel” of the movement, an important force who single-handedly laid the groundwork for change in California.

If Peron is the angel, then PWA Robert Randall is the granddaddy. His struggle for access started in 1976 when he successfully petitioned the DEA for access to medical marijuana for his glaucoma. Randall’s petition later evolved into the Compassionate Investigational New Drug (IND) program that today still supplies marijuana to eight patients in the country. When PWAs Barbra and Kenny Jenks went public with their marijuana use (see below), Randall was inundated with requests from others who wanted to apply to the IND program. That’s when he devised the Marijuana/AIDS Research Service (MARS), a program that streamlined the process for getting federal pot from a 50-hour bureaucratic trail of red tape into a 15-minute checklist that any doctor could fill out. By 1991, the IND program was flooded with 400 applications from PWAs expedited by Randall’s MARS program; within a year, the Bush government shut it down, saying it sent “a bad signal” to the public. The Clinton administration refuses to reopen it.

As he surveys the current climate surrounding medical marijuana and contemplates rejoining the political fray, Randall observes: “It’s a much more cluttered issue than it was just a couple of years ago, with many more motives and agendas…It has become an ideological battle with drug warriors on either side. They don’t care who becomes the cannon fodder. Chances are it will be those who are seriously ill.”

The battle scenario Randall describes has become a morality-tale reality in Washington, DC, where the local ACT UP chapter has begun gathering signatures for a September 1998 initiative that, if qualified, will force a debate over medical marijuana in the nation’s capital. Already, conservative drug-war proponents, like William Bennett’s Empower America and Steve Forbes’ “Americans for Hope, Growth and Opportunity” are voicing opposition. Forbes, who pledged $150,000 to launch a

radio campaign and called on the president, Newt Gingrich and others to take a stand against the initiative, said, “Where’s the moral outrage? Everyone in Washington seems obsessed with Joe Camel-but DC children are being targeted by twisted drug predators and we hear nothing but silence.” Steve Michael of ACT UP/Washington says that Forbes’ interest is purely self-serving, an attempt to boost his own conservative credibility for a future presidential run. “He’s using the inheritance from his dead gay father to fight against something that will help people with AIDS.”

On the other side are drug-law-reform advocates who are using medical marijuana as an opportunity to forward their broader drug-legalization agenda. Americans for Medical Rights (AMR), a patient-advocate group run by liberal political consultant Bill Zimmerman and funded in part by drug-law-reform booster billionaire George Soros, was the main force behind Prop 215; Soros was also a major backer of an Arizona medical marijuana proposition that’s currently working its way back to a second public vote after it was squelched by the state legislature. Despite AMR’s success, it is viewed by some medical marijuana advocates as a force that will sacrifice the needs of the sick for the national political game. “I have a problem with a movement that is strategized and implemented by political operatives,” LACBC’s Imler says. “I don’t think that’s the best way to represent the issue nationally. God bless them for their skills, talents and money, but they don’t quite understand it’s not abou them.”

Zimmerman contends that AMR’s agenda is to pursue only the legalization of medical marijuana. “I have no apologies,” he says. “We’re helping patients make laws that will alleviate pain. Whether it’s grass-roots politics or national professional politics doesn’t matter. What’s important are the lives and suffering of the patients.” AMR is aggressively pursuing its plan to get medical marijuana initiatives on ballots in a handful of states-all part of a larger strategy to force Congress to reconsider federal marijuana laws. “People seem excited to play in a larger game,” AMR spokesperson Dave Fratello says. “They can vote something in at the state level that will send a message to Washington.” That’s a good thing because Washington, it seems, is out of step with public opinion: A May ABC News poll found that 69 percent of Americans support the legalization of medical marijuana.

Meanwhile, PWAs like George Gonzales continue to make their weekly pilgrimages to the LACBC to get the medicine they need. Across town, one of his fellow club members, Rosie Miller (name changed), sits in her Hollywood apartment and enthusiastically describes the turkey-and-mashed-potato dinner she shared the night before with her 17-year-old son. As she plans the evening meal of turkey sandwiches, she walks to a corner of the room where a few bright lights shine on a couple scraggly but budding marijuana plants. Miller bends down and begins to tenderly inspect the leaves. Then she turns around to say: “There’s a voice inside that says, ’The last thing I should do is inflict my body with drugs,’ but before, there was the nausea, discomfort, panic and fear. Now I get to enjoy my day instead of sweating in bed and feeling like crap. Marijuana makes AIDS easier to handle. It’s no longer a deadly four-letter word staring you in the face.”

BARBARA AND KENNY JENKS
A tale about a couple who *inhaled*

Once upon a time, Kenny Jenks, a person with hemophilia, and his wife, Barbra, discovered they had contracted HIV from a tainted blood supply when Barbra was hospitalized with pneumonia.

It was the summer of 1988. The Jenkses began taking such high doses of AZT that they couldn't eat, and Barbra became particularly susceptible to the weight loss. She spent most of the day on the couch with a vomit bucket at her side.

One evening at an AIDS support group, a member who noticed Barbra's wasting gave her a joint. Virulently antidrug, Barbra didn't want to smoke. Kenny, being a bit more adventurous, took some tokes. Instantaneously, his nausea disappeared, and later Barbra watched in amazement as her husband, who she had barely seen eat in two months, polished off everything in the refrigerator. The next day she wanted to try it, too.

The couple began to grow their own pot. When a neighbor called the authorities in 1990, the PWAs pleaded innocent on grounds of medical necessity. Although they were convicted, the judge sentenced them to one year's probation and 500 hours of community service-"to be served loving and caring for each other." From that point on, they went from total anonymity to CNN global.

The Jenkses successfully applied for government marijuana from the Compassionate IND program. "Their decision to fight publicly was critical," Robert Randall explains. "It helped other PWAs speak out. The buyers clubs grew up out of this tremendous energy, and people started to be willing to discuss medical marijuana and AIDS aggressively in public."

Barbra Jenks died in March 1992; Kenny died in July of 1993. Their story informed and politicized PWAs all over the country.

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