

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH, MENTAL HEALTH,
DRUG ABUSE

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HELD AT: Council Chambers
250 Broadway - Committee Room,
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B E F O R E:
Maria del Carmen Arroyo
G. Oliver Koppell
Ruben Wills
Chairpersons

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Peter F. Vallone, Jr.
Mathieu Eugene
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Deborah Rose
Rosie Mendez
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A P P E A R A N C E S (CONTINUED)

Ruth Liebesman
Member Legal Committee
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Ari Hoffnung
Deputy Comptroller for
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New York City Comptroller's Office

Wanda Hernandez
Chairperson
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CHAIRPERSON ARROYO: [gavel] Good

morning. We have competing hearings here in this building today, so some of us are going to move around a little bit. My name is Maria del Carmen Arroyo. I chair the Committee on Health. Welcome all of you here this morning. We are joined by the Committee on Mental Health, Developmental Disabilities, Alcoholism, Drug Abuse and Disability Services chaired by my colleague, Council Member Oliver Koppell and the Subcommittee on Drug Abuse chaired by my colleague, Council Member Ruben Wills. Thank you both joining in on the hearing today and for Council Member Koppell for the introduction of the resolution we will hear this morning. The Committee is conducting a hearing on proposed Resolution Number 1260-A sponsored, as I said, by Council Member Koppell calling on the United States Congress to pass and the President to sign States' Medical Marijuana Patient Protection Act, which seeks to reclassify marijuana as other than a Schedule I or Schedule II substance. For those of us who are not so versed in these matters, the federal government put marijuana in the same category as heroin, defining it as a dangerous and

2 illegal drug with no medical value and a high
3 likelihood of abuse and dependence. Meanwhile,
4 there is evidence that medical marijuana can be
5 used to alleviate patient suffering from severe
6 medical conditions such as cancer and other
7 complicated conditions. Consequently, even though
8 20 states in the United States, as well as
9 Washington, D.C., the District of Columbia, have
10 enacted laws legalizing medical medicinal use of
11 marijuana, their citizens are in a very sensitive
12 situation given that the potential for federal
13 prosecution is not eliminated. On October 19th,
14 2009, the US Justice Department announced that
15 federal prosecutors would not pursue medical
16 marijuana users and distributors who comply with
17 state laws; however, this is not codified in
18 federal law and can change at any time. The
19 States' Medical Patient Protection Act, currently
20 pending in the United States of Representatives,
21 fixes this inconsistency so that medical marijuana
22 patients and their providers are protected from
23 federal criminal penalties in states that have
24 legalized marijuana for medical use. This isn't
25 just sound policy; it's just common sense and I

2 know that Council Member has one of those competing
3 hearings to go to, so I'm going to turn it over to
4 him to hear and then we'll hear from the resolution
5 sponsor, Council Member Koppell.

6 COUNCIL MEMBER WILLS: Good morning, my
7 name is Ruben Wills and I am the Chair of the
8 Subcommittee on Drug Abuse. Before I begin, I
9 would like to thank Council Member Oliver Koppell
10 for his leadership on this issue, as well as co-
11 Chair Council Member Maria del Carmen Arroyo. We
12 are here today to discuss proposed Resolution 1260-
13 A, which support federal legislation to reclassify
14 marijuana.

15 In 2008 through 2009, approximately
16 850,000 New Yorkers aged 12 and older reported
17 using marijuana in the past year, making marijuana
18 the most commonly used illicit drug in New York.
19 We cannot ignore the fact that about nine percent
20 of users become addicted to marijuana and it can
21 have adverse impact on learning, memory and mental
22 health. However, studies show that it can provide
23 relief to those undergoing chemotherapy and it can
24 reduce pain and increase appetite for those with
25 multiple sclerosis. Some scientific studies are

2 underway to test safety and usefulness of cannabis
3 compounds for treating certain medical conditions.

4 Currently, there is a lack of accepted safety
5 protocols for using the drug under medical
6 supervision and more studies need to be completed.

7 Researchers state that the characterization of
8 marijuana as a Schedule I drug presents significant
9 barriers to conducting research about its effects
10 and use as a medical drug. Any marijuana research
11 involves significant red tape with the Food and
12 Drug Administration and the Drug Enforcement
13 Agency. Then the drug itself must be obtained from
14 the National Institute on Drug Abuse, and that is
15 the only legal federal source of marijuana.

16 Marijuana is the only major drug for which the
17 federal government controls the only legal research
18 supply. While precautions need to be taken,

19 placing marijuana in the strictest drug
20 classifications stifles research and complicates
21 the states' ability to legalize its medical use. I

22 look forward to hearing from advocates on both
23 sides of this important public health issue. One
24 quick housekeeping note: if you would like to

25 testify, please fill out a slip with the Sergeant-

2 at-Arms so that we will know you are here. Chair
3 Koppell?

4 CHAIRPERSON KOPPELL: Thank you very
5 much, colleagues. I don't want to repeat what has
6 already been said. I want to thank my colleagues
7 for being here with me this morning, and thank
8 Ruben Wills especially as Chair of the Subcommittee
9 for his support for this resolution. The fact is
10 that we have an anomaly where the federal
11 government has, in essence, criminalized the use of
12 marijuana, even for medicinal purposes. While 20
13 states have approved marijuana use, several states
14 have approved it unconditionally and most states
15 that have approved it have approved it for
16 medicinal use. There have been instances where the
17 federal government has been involved in actually
18 either threatening or actually prosecuting people
19 for selling or dealing in medical marijuana and the
20 contradictory situation is fastened upon in some
21 states, including this state, as a reason not to
22 permit medical marijuana use in those states, and as
23 we know, New York, though priding itself on being a
24 leader on all sorts of different social and other
25 changes in attitude with respect to legislation,

2 New York has not approved the use of medical
3 marijuana, which is, in my view, an embarrassment
4 to New York when we look at other states including
5 the neighboring state of New Jersey, which has
6 moved forward on this.

7 I think that the change in the federal
8 law, although may be viewed as symbolic, I think is
9 more than symbolic because I think that it is
10 critically important that no one view the use of
11 medical marijuana as being both a possible criminal
12 act and also that doctors don't view the
13 prescription of medical marijuana as threatening
14 their medical licenses, which is something that
15 people are concerned about. I happen to know,
16 because we have some prepared testimony here, one
17 person I believe is going to testify indicated in
18 their statement that they think this is simply a
19 symbolic act. I don't think it's simply a symbolic
20 act. I think it has important public policy
21 implications. The people of the United States have
22 spoken both in 20 states where they passed
23 legislation and also in public opinion polls where
24 they indicate that use of marijuana is something
25 that they want to see enabled, and I think it's

2 very important that the federal law not conflict
3 with this. So I hope we'll move ahead with this
4 resolution and I realize it's only a resolution.
5 Unfortunately, we can't do more than that, but we
6 should do everything we can to clarify the
7 situation. I want to welcome David Greenfield as a
8 member of the Mental Health Committee and who is
9 always very diligent in joining us and then I look
10 forward to hearing from witnesses that have
11 scheduled to testify. Thank you. Oh, let me say
12 one other thing. Let me thank the Committee staff
13 for their assistance in putting the hearing
14 together.

15 CHAIRPERSON ARROYO: And thank you
16 Council Member Koppell. We also... I want to
17 mention the Committee staff. We have three
18 committees joining in this hearing today, Committee
19 to the... Health Committee staff, Dan Hagevik,
20 counsel; Crystal Gold-Pond, who had to taste the
21 juice, who is the policy analyst. From the Mental
22 Health Committee we have Jennifer Wilcox and
23 Michael Benjamin, who made the juice this morning,
24 and Matthew Carlin, counsel to the Drug Abuse
25 Subcommittee. Thank you all for the work that

2 you've done to prepare us for this hearing, and
3 other members joining us here today, Council Member
4 Vallone, who was racing me on Broadway this morning
5 to get here, and Council Member Eugene. No,
6 really, I was right behind him and I was trying to
7 beat him here and I didn't; I lost. Okay, so with
8 that, I'd like to call up the first panel. We have
9 Ruth Liebesman sorry, Empire State NORML and you're
10 going to tell us what that is, right? Kelley
11 Crosson... Crosson... Crosson, yes, come on up.
12 And then the second panel will be Wanda Hernandez,
13 VOCAL New York and Ari Hoffnung. Did I say that
14 right?

15 [Pause]

16 CHAIRPERSON ARROYO: We've been joined
17 by Council Member Brewer and Greenfield Council
18 Member Koppell acknowledged. Thank you for being
19 here. If you've done this before, you know what to
20 do. Flip a coin, draw straws. Council Member
21 Rose, welcome. Make sure the light is on on the
22 mic. If the light... ladies, hello? Make sure the
23 light is on and that means the mic is on and pull
24 it close to you so we can record. Thank you. You
25 may begin when you're ready.

2 [Pause]

3 RUTH LIEBESMAN: Oh, there we go, thank
4 you. I've given out copies of a book called
5 "Emerging Clinical Applications for Cannabis and
6 Cannabinoids," which is produced by the NORML
7 Foundation. NORML is the National Organization for
8 the Reform of Marijuana Laws and before I start,
9 Chairwoman Arroyo, Chairman Koppell, Chairman Wills
10 and distinguished Committee Members, thank you for
11 allowing us to speak to you today. My name is Ruth
12 Liebesman and for 27 years I've practiced Criminal
13 Defense Law, primarily at the federal level, but
14 also in New York, New Jersey and Massachusetts.
15 I'm a member of the Legal Committee of NORML, the
16 National Organization for the Reform of Marijuana
17 Laws and I'm the past president of the state
18 chapter. I wish to note, just in terms of what
19 Chairman Koppell stated, yesterday's Gallup Poll
20 stated that 58 percent of Americans believe that
21 marijuana should be legalized and that's something
22 that the federal government should not be ignoring.
23 They're supposed to answer to the will of the
24 people, not the other way around.

2 Since 1972, NORML has been petitioning
3 the federal government to remove marijuana from
4 Schedule I, where it was placed under the
5 Controlled Substances Act back in 1970. As you
6 know, according to the federal government, drugs in
7 Schedule I have no currently accepted medical value
8 and a high potential for abuse; however, all
9 objective research shows that marijuana meets none
10 of the criterion for remaining on Schedule I.
11 First, there's never been a single marijuana
12 related overdose death.

13 In 1988, during one of NORML's attempts
14 to have marijuana rescheduled, the Chief
15 Administrative Law Judge of the Drug Enforcement
16 Administration, whose name was Francis Young, he
17 called marijuana and I quote, "one of the safest
18 therapeutically active substances known to man."
19 That was from the DEA's Chief Administrative Law
20 Judge. However, the DEA is not required to obey
21 its own Chief Administrative Law Judge. The
22 administrator refused to follow his recommendations
23 and the federal courts refused to intervene,
24 forgetting all about Marbury versus Madison and
25 saying, "We don't interfere with the executive."

2 With regard to the currently accepted
3 medical uses, marijuana has been considered a
4 medicine for more than 5,000 years. It was
5 considered the grandmother of all medicines in the
6 Chinese Pharmacopoeia for 5,000 years. Until 71
7 years ago, it was included in the U.S.
8 Pharmacopoeia. However, since it's been
9 reclassified as a Schedule I drug, it not only
10 cannot be used, but it has been nearly impossible
11 for researchers to explore its benefits, and I
12 point out the fact that NIDA, the National
13 Institute on Drug Abuse, control not only the
14 supply but the grow. There is a single form of
15 marijuana being grown in Mississippi on its farm.
16 There are numerous strains that have different
17 impacts for different ailments.

18 There is a strain known as Charlotte's
19 Web. Charlotte's Web was created in California.
20 It has almost no THC. It has an extremely high
21 content of what is known as cannabidiol, which a
22 non-psychoactive ingredient and it has been found
23 to have extremely fantastic impacts on neurological
24 disorders. There was a little girl named Charlotte
25 who was a twin and Charlotte had an extremely rare,

2 but severe neurological disorder, which caused her
3 to have 300 epileptic seizures a week. She was
4 becoming brain damaged. Her twin was developing
5 normally and doing great. Charlotte was about...
6 was basically on the verge of death. Her parents
7 finally got a doctor to prescribe a strain that is
8 now known as Charlotte's Web and Charlotte is now
9 down to three seizures a week. She's become...
10 developing normally and as I said, this form of
11 cannabis does not have much THC in it. She's not
12 getting high; she's getting better, and that's an
13 important thing to note is that what is controlled
14 by NIDA does not allow investigation into various
15 different strains. They opposed allowing the
16 University of Massachusetts to conduct research on
17 other strains and they won because they're NIDA and
18 the courts do not interfere with the executive.

19 But I've handed out this book to you
20 guys. I want to tell you a brief story. The
21 reason I became involved in medical marijuana was
22 in 1987, I heard a man named Lester Grinspoon
23 speak, and Lester Grinspoon was a professor at
24 Harvard Medical School who had a son dying of
25 cancer and Dr. Grinspoon had... his son would go

2 into chemo and come back crying, vomiting
3 uncontrollably and basically not wanting to live.
4 He was a young teenager. One of Dr. Grinspoon's
5 colleagues told him to go to Harvard Yard and get
6 his son some marijuana, so Dr. Grinspoon did so. He
7 gave his son marijuana before his next chemo
8 treatment and Dr. Grinspoon told me that the next
9 time his son came out of treatment instead of
10 crying and vomiting, he said, "Hey, Dad, can we go
11 to McDonalds?" And when I heard that I said, "Why
12 is this man a criminal for giving his son this
13 medication that allowed his last few years to be
14 tolerable?" The child died, but at least he wasn't
15 spending his last days uncontrollably and crying
16 from the horror of the nausea.

17 There's a gentleman name Robert
18 Randall. In 1976, Bob Randall was arrested for
19 growing cannabis on his balcony in Washington, D.C.
20 Mr. Randall defended his case on the grounds that
21 he had inoperable glaucoma and his doctor testified
22 his glaucoma was not responsive to any medicine but
23 cannabis, he was inoperable and he would go blind
24 if he didn't take medical cannabis. He won his
25 case. He was the 13th person in U.S. history to

2 win a criminal trial on grounds of necessity, and
3 as a result, the federal government in 1978 started
4 a Compassionate Use Program that allowed patients
5 to get their cannabis directly from the federal
6 government, and that program is still in existence
7 today. However, because the forms that used to be
8 so onerous to the doctors to fill out could now be
9 filled out by computer and there was an AIDS
10 epidemic at the same time, they shut down new
11 patients coming into the Act. Those in are
12 grandfathered in; we're down to three left. When
13 those three patients have died, there will no
14 longer be federal government distributing medical
15 marijuana, but the fact is that the federal
16 government in 1978 acknowledged the use and became
17 distributors of medical marijuana themselves. So
18 it is really the height of intellectual dishonesty
19 for them to come out and say no medical use. I
20 point out also, that when THC is distributed by a
21 pharmaceutical company in the form of Marinol, it's
22 on Schedule III because somebody's making money off
23 it, and therefore, it's no longer a Schedule I drug
24 when a pharmaceutical company can manufacture it in
25 a lab.

2 This book lists all of the things for
3 which medical marijuana has been useful. I would
4 like to point out one in particular that is most
5 important to me, which is ALS, which is known as
6 Lou Gehrig's Disease, which my mother has. My
7 mother won't take medical marijuana 'cause it's
8 illegal and she won't break the law, and the doctor
9 said she should try it and it might make her live
10 longer and it might her symptoms less bad, but if
11 she takes it; if she takes a Schedule I drug,
12 she'll be ineligible for clinical trials that might
13 prolong her life. So my mother can't take
14 something that will alleviate her suffering because
15 she doesn't want to be ineligible for clinical
16 trials. Excuse me. I want to thank you for letting
17 me speak and I apologize for being emotional, but
18 it's my mother. Thank you.

19 CHAIRPERSON KOPPELL: The next person,
20 please. And thank you for sharing that important
21 testimony and your personal observations as well.
22 We appreciate it and as you could tell from my
23 opening statement, I'm fully sympathetic to this
24 really absurd situation we face. Yes.

2 KELLEY CROSSON: Good morning,
3 everyone. My name is Kelley Crosson. I work for
4 the Marijuana Policy Project, which is... closer?
5 Sorry. We focus on changing state level laws
6 mostly, but we also lobby at the federal level to
7 make changes like the one you're proposing in this
8 resolution and I want to... is that... closer? Can
9 you hear me now? Okay, I want to start out by
10 pointing out that no one at MPP has ever seen or
11 heard of a hearing like this one. The fact that
12 the New York City Council is urging the federal
13 government to take action on medical marijuana when
14 the state still has no medical marijuana law is
15 quite unusual and of course, this city is like no
16 other city, so we are encouraged just by the very
17 existence of this hearing, and I want to thank you
18 on behalf of everyone at MPP for calling the
19 hearing.

20 Federal marijuana policy is trapped in
21 absurd circular logic. Officials argue that
22 marijuana must be kept illegal because it is a
23 dangerous Schedule I drug. They refuse to move it
24 out of Schedule I, claiming that there is no
25 evidence that it has medical value, even though we

2 all know otherwise. They refuse to allow private
3 entities to cultivate marijuana for research to
4 demonstrate that it has medical value, and then
5 they set up endless obstacles for any researchers
6 who hope to conduct potentially favorable studies
7 with the marijuana that is grown and controlled by
8 the federal government, as you just heard, so no
9 research, no evidence, no rescheduling. Marijuana
10 research, it seems, is a victim of marijuana
11 politics. Under federal law, a drug is considered
12 most harmful and placed in the most restrictive
13 category, Schedule I, if it has no currently
14 medical use. Although marijuana was listed as a
15 medicine in the U.S. Pharmacopoeia before its
16 prohibition and was widely used for dozens of
17 conditions, Congress temporarily placed it in
18 Schedule I in 1970, pending the outcome of a
19 government study. This study that was produced by
20 a National Commission on drug abuse ultimately
21 concluded that marijuana's harmful effects were so
22 limited for light and moderate users that it should
23 not even be a criminal offense to use it for
24 anyone, but of course, its status as a Schedule I
25 drug has not changed and again, this is 1970, a

2 long time ago. Advocates, like NORML, have been...
3 and MPP of course, have been working toward a
4 change and so many other people. You know, we talk
5 about these big groups, but there are individuals
6 that have been trying to change this law for a
7 really long time.

8 So the first petition to reschedule
9 marijuana was filed with the Bureau of Narcotics
10 and Dangerous Drugs, which was the predecessor to
11 the DEA, in 1972. After many refusals to act and a
12 few court rulings, the DEA finally initiated
13 hearings on rescheduling in 1986. This was 14
14 years after the first filing, and I'm going to use
15 the same quote, but I'm going to give you the full
16 quote. The hearings, again, that were initiated by
17 the federal government led to an opinion in 1988 by
18 the DEA's Chief Administrative Law Judge, Francis
19 Young, who wrote, "Marijuana in its natural form is
20 one of the safest therapeutically active substances
21 known to man," and I'll take it further. He also
22 said, "It would be unreasonable, arbitrary and
23 capricious for the DEA to continue to stand between
24 those sufferers and the benefits of this substance
25 in light of the evidence in this record." He

2 concluded, "The provisions of the Controlled
3 Substance Act permit and require the transfer of
4 marijuana from Schedule I to a less restrictive
5 category," which is what you're trying to do or
6 they're trying to do still, yet the DEA
7 Administrator did not reclassify marijuana. Since
8 that time, the agency has denied two other
9 rescheduling petitions, and the most recent was in
10 July of last year. We think it's bad enough that
11 the DEA has repeatedly ignored existing evidence
12 regarding marijuana's therapeutic value in order to
13 maintain the Schedule I status, but both the DEA
14 and NITA have taken further steps to block any new
15 evidence from being produced. Most notably, the
16 DEA has refused for 10 years to grant a license to
17 the University of Massachusetts to cultivate
18 marijuana for the FDA, and this is for approved
19 research you know, which would provide a privately
20 funded alternative to NITA's marijuana supply,
21 which you know, we pay for with our tax dollars.
22 This refusal has occurred despite yet another DEA
23 Administrative Law Judge ruling that the license
24 would be in the public interest and should be

2 granted. So everyone knows that this should
3 happen, everyone.

4 The federal government's stance has led
5 to our current state-by-state battles over medical
6 marijuana, which is where MPP focus is, and we will
7 continue to fight and will add more states to the
8 pro-medical marijuana side of the ledger, but it
9 will be many years and we think it could possibly
10 even be decades before marijuana is legal for
11 medicinal purposes in all 50 states. So, but in
12 the 20 states that do have medical marijuana laws,
13 there are still conflicts between state and federal
14 law and those conflicts prevent states from
15 effectively implementing and regulating medical
16 marijuana programs. For example, because marijuana
17 remains illegal under federal law, banks and credit
18 card companies refuse to provide service to
19 dispensaries. As a result, they are cash only
20 businesses and they have no place to deposit their
21 cash. This makes businesses and their employees
22 targets for robbery and makes it harder for the
23 states, obviously, to collect any tax revenue. I
24 mean how can you... you can't do it. Doctors
25 can't... oh, okay and this is really interesting,

2 'cause I heard this brought up you know, in the
3 initial statement and you too. Doctors they
4 actually can't prescribe marijuana. They actually
5 have to recommend it. Because a prescription is
6 legally akin to an order to dispense, prescribing
7 marijuana would be aiding and abetting violation of
8 federal law. Courts have, however, said doctors
9 have a first amendment right to discuss the risks
10 and benefits of any substance with their patients
11 and so the result is what we have now where it's
12 recommended, but states can't regulate it as they
13 would other medications, 'cause it's not a
14 prescription, it's a recommendation. That's an
15 important distinction. Also, pharmacies they can't
16 dispense marijuana. They need a DEA license to
17 dispense controlled substances and they'd lose that
18 license if they illegally dispensed a Schedule I
19 substance like marijuana. As a result, states have
20 to set up dispensaries that are akin to pharmacies
21 with respect to marijuana, but then they also have
22 to set up a separate co-existing regulatory
23 enforcement program for these dispensaries, rather
24 than simply routing dispensation through pharmacies
25 like any other drug.

2 So business also... this is like a
3 separate thing. Businesses involved in medical
4 marijuana can't deduct ordinary business expenses.
5 The IRS Tax Code prevents taking such deductions if
6 one's business is in trafficking drugs illegal
7 under federal law, so this has been interpreted to
8 apply to medical marijuana since it's still legal
9 under federal law; illegal, sorry. The end result
10 is the dispensaries end up getting taxed on gross
11 profits rather than net profits and many go out of
12 business, reducing the supply available to
13 legitimate patients. So obviously we know that
14 medical... or I'm sorry, that marijuana has medical
15 purposes and it's not as dangerous as heroin or
16 methamphetamines, so science should recognize that,
17 but legally speaking, what's important is that the
18 bill would make the Controlled Substances Act
19 inapplicable to medical marijuana activities that
20 are legal under state law. In other words, it
21 would make those activities legal under federal law
22 in states that allow it. That would allow
23 dispensaries or pharmacies to dispense it, doctors
24 to actually prescribe it and businesses to access
25 banking services, which they have to have. And

2 given the way public opinion is moving, according
3 to Fox News, 85 percent of New York State residents
4 support medical marijuana, so we think it's
5 inevitable here, and obviously New York would be in
6 a much position to regulate medical marijuana if
7 Congress were to pass legislation like the HR 689,
8 the Medial Marijuana Patient Protection Act. Thank
9 you.

10 CHAIRPERSON ARROYO: Thank you both for
11 your testimony and for the insight. We really do
12 appreciate it. Any questions; comments?

13 CHAIRPERSON KOPPELL: I just would like
14 to comment I think both statements were most
15 revealing and helpful. Both of you have given
16 somewhat different perspectives, but I appreciate
17 especially... well, both statements enormously and
18 especially the examples of how rescheduling
19 marijuana would have real consequences. As I
20 mentioned, we have a paper here written by someone
21 who asserts to be an expert and says that it's a
22 meaningless gesture if I could read it, but I think
23 you've indicated clearly this is not a meaningless
24 gesture. I should also point out that I believe it
25 was Council Member Dromm was a prime sponsor; I

2 know I was a co-sponsor of a resolution that we
3 passed and sent to our legislators in Albany
4 calling on New York State to legalize the medical
5 use of marijuana, so the council has already been
6 on record. I appreciate your recognition that this
7 is important. Copies... assuming this will pass
8 the council and pass this committee, which will see
9 soon, we will obviously transmit copies of the
10 resolution to member of the Congressional
11 Delegation, but thank you very much and anybody
12 else have questions?

13 CHAIRPERSON ARROYO: No.

14 CHAIRPERSON KOPPELL: No? Thank you.

15 CHAIRPERSON ARROYO: And before the
16 next panel comes up, I'd like to acknowledge we've
17 been joined by Council Member Rosie Mendez. Thank
18 you for being here. Ari and Wanda, and it's Mary
19 Beth... what is that? [background voice]
20 Morrissey. Are you here? Oh, okay, and as you
21 guys get ready, I'll note that for the record we
22 have been provided testimony... actually she did
23 provide testimony, Mary Beth Morrissey for the
24 record, and Kevin Sebet, Director, University of
25 Florida Drug Policy Institute and a couple of

2 others. Okay, you may begin when you're ready.

3 Welcome.

4 CHAIRMAN KOPPELL: Before Mr. Hoffnung
5 begins, let me acknowledge him and welcome him, and
6 say that he is been working as a distinguished aide
7 in the Controller's Office and since I guess
8 it's... what is it, eight years ago, he's gained a
9 great deal of wisdom because eight years ago he ran
10 against me, but I know he's much wiser now and so
11 [laughter] I'm delighted to have him here.

12 [Pause]

13 CHAIRPERSON ARROYO: I don't think it's
14 on. Make sure the light is on.

15 ARI HOFFNUNG: Good morning, everyone.
16 It is an honor to testify before this Committee.
17 It is great to see my good friend, Councilman
18 Oliver Koppell, who chairs the Mental Health
19 Committee and other council members who do terrific
20 work. I am... I have the honor of serving as
21 Deputy Comptroller for Budget and Public Affairs in
22 the New York City Comptroller's Office and I'm here
23 representing New York City Comptroller John C. Liu.
24 Our office strongly supports the resolution that
25 the Committee is considering today and we truly

2 applaud the work of this Committee. Not only would
3 a reclassification of marijuana resolve some very
4 serious legal conflicts between state and federal
5 laws, but it would also make it much easier for
6 medical professionals to conduct research in this
7 area. While there's no doubt that marijuana can be
8 used and is being used throughout this country and
9 the world to alleviate pain and reduce suffering,
10 more research is needed in this area to match
11 specific cannabis strains to medical conditions.
12 Simply put, not all marijuana is created equal.
13 Certain medical conditions warrant strains with
14 high THC levels, others require strains with high
15 CBD levels, and others require a mixture of both
16 chemicals.

17 In a report released by the New York
18 Comptroller's Office in August of 2013, just a few
19 weeks ago, which is being distributed to members of
20 this Committee as we speak, our office estimated
21 that there are more than 100,000 New York City
22 residents who would benefit from medical marijuana
23 if it were legal today. 100,000 New York City
24 residents would benefit from medical marijuana.

2 On a slightly more personal note, I
3 returned last week from a visit to Israel and
4 this... Israel is a country where medical marijuana
5 has been embraced for some time. In 2009, there
6 were approximately 400 patients using medical
7 marijuana in Israel. There are close to 13,000
8 now. I had the opportunity of getting a tour of a
9 facility outside the ancient city of Zefat, called
10 Tikun Olam, which is loosely translated to repair
11 the world, and I saw a medical cannabis grow
12 operation that served 3,000 patients. I spoke to
13 some of the medical researchers there, the
14 agricultural experts and they were able to show me
15 different strains, some of which were designed for
16 people undergoing chemotherapy, others for folks
17 who suffer from seizures and chronic pain, and they
18 were growing different strains for different
19 strains for different people. I also had an
20 opportunity to visit a hospital with a center
21 called MECHKAR. MECHKAR is a very interesting
22 place. It is a place where patients come to learn
23 how to use marijuana and to decide if they're going
24 to smoke it, use it through vapor or food, through
25 oil extracts and to receive the amount that they

2 were prescribed, and lastly I visited a assisted
3 living facility, which was recently... which is
4 located in Kibbutz in central Israel. It was
5 recently featured on Dr. Sanjay Gupta's "Weed"
6 special on CNN and I met with patients; elderly
7 patients, some of whom were Holocaust survivors,
8 who told me in no uncertain terms that they do not
9 know how they would be living today without access
10 to medical cannabis, and I spoke to a Holocaust
11 survivor who told me that he smokes medical
12 cannabis, which is how they refer to it in Israel,
13 every morning for about a half an hour and since he
14 started using it approximately three years ago, his
15 nightmares from being a child in the Holocaust have
16 stopped, his tremors have stopped and he is now
17 able to write and to live a healthy life, so there
18 were some very moving stories there in a very
19 different society; a society, by the way, that has
20 a public health system that treats people of all
21 backgrounds; Jews, Christians, Muslims and people
22 of all backgrounds and I think we have a lot to
23 learn, not only from Israel, but what other states
24 are doing. So again, we applaud the work that this
25 Committee is doing and this resolution that the

2 Committee has done before in terms of making the
3 Council's voice heard in Albany and we stand ready
4 to support you in any way. Thank you.

5 CHAIRPERSON KOPPELL: I guess before
6 the next speaker speaks, I just looked briefly at
7 this report that your office prepared and it's
8 excellent. It looks like a very excellent
9 presentation and it's very well done.

10 ARI HOFFNUNG: Thank you, Chairman.

11 WANDA HERNANDEZ: Good morning. Thank
12 you for having me. Once again, my name is Wanda
13 Hernandez. I'm the Chair for VOCAL New York.
14 VOCAL is a grassroots membership led organization
15 empowering people with HIV and AIDS, former and
16 current drug users, as well as those who are
17 formally incarcerated. I am pleased to be here to
18 testify on Resolution 1260-A, which calls on the
19 United States Congress to pass and the President to
20 sign the Medical Marijuana Patient Protection Act,
21 which seeks to clarify... I'm sorry, classify
22 marijuana so that it is no longer a Schedule I or a
23 Schedule II substance. As a woman living with HIV
24 and chronic pain conditions, please understand that
25 it is very personal and important for me to use

2 this substance. I've worked for Corporate America
3 for over 30 years and there is not a job that I
4 haven't held, there's not a sport that I haven't
5 played, and unfortunately some of these sports that
6 I played break us down, as well as when you come
7 sick and you have to take medications. I've been
8 on medications for HIV for approximately 17 years
9 and these medications for me are becoming a lot
10 toxic. They break down my body, not only from the
11 virus and just going through my system, but they
12 also debilitate me. So through the use of
13 marijuana I've found that I'm a lot more
14 functionable in society. As a New York City
15 activist, it helps me do the work that I need to
16 do. As a peer educator, it helps me to do the
17 things that I need to do in order to carry my
18 materials or supplies or whatever it is to do,
19 because just carrying a gallon of milk for me is
20 very heavy, believe it or not, from across the
21 street to my house. So being in pain for me is
22 very devastating. I'm an independent Latino woman
23 who has always supported herself and a debilitating
24 chronic condition it just adds salt to my injuries.
25 I don't want to feel criminalized because I found

2 something other than the toxic medications that are
3 already prescribed to us by medical providers, but
4 I want to be able to have an option as to what is
5 going to make me feel comfortable and make me
6 function in society as well. I'm not fighting this
7 bill just for myself, but for a lot of other New
8 Yorkers who I know are suffering from chronic
9 conditions, who shouldn't be criminalized as well
10 because they found something that helps them cope
11 and survive in life. And I don't want to drag on
12 too much about statistics or anything like that
13 because we've already heard everything there needs
14 to be heard; everything that needs to be said.
15 We're just asking for your support to be able to
16 help us pass this campaign so that some of us can
17 live with a little bit more dignity in life. Thank
18 you.

19 CHAIRPERSON KOPPELL: Thank you very
20 much. Anybody have any questions? Thank you very
21 much for coming. Is there anybody else who wishes
22 to testify today? Well, then, there being no other
23 witness...

24 CHAIRPERSON ARROYO: [interposing]
25 Yeah.

2 CHAIRPERSON KOPPELL: Yeah?

3 CHAIRPERSON ARROYO: Wanda, just...

4 [crosstalk]

5 COUNCIL MEMBER KOPPELL: Sure.

6 [crosstalk]

7 CHAIRPERSON ARROYO: Thank you so much
8 for sharing...

9 WANDA HERNANDEZ: [interposing] Sure.

10 CHAIRPERSON ARROYO: Your personal
11 story. It takes a great deal of courage and
12 tenacity to come and put your life out into the
13 public the way you have, and we really do
14 appreciate the fact that you've done that in the
15 spirit of being supportive and advocating for the
16 cause.

17 WANDA HERNANDEZ: [interposing] Thanks.

18 CHAIRPERSON ARROYO: So thank you so
19 much, and before we adjourn, I want to acknowledge
20 that we've been joined by Council Member Dickens
21 and Council Member Van Bramer. Welcome.

22 CHAIRPERSON KOPPELL: Yes, thank you.
23 Chair Arroyo is quite right to thank you for coming
24 today. I know it's always difficult for people to
25 talk about their personal experiences. Again, if

2 anybody has anything else to say; if they don't,
3 the hearing's adjourned.

4 [gavel]

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.



Date 10/31/2013