

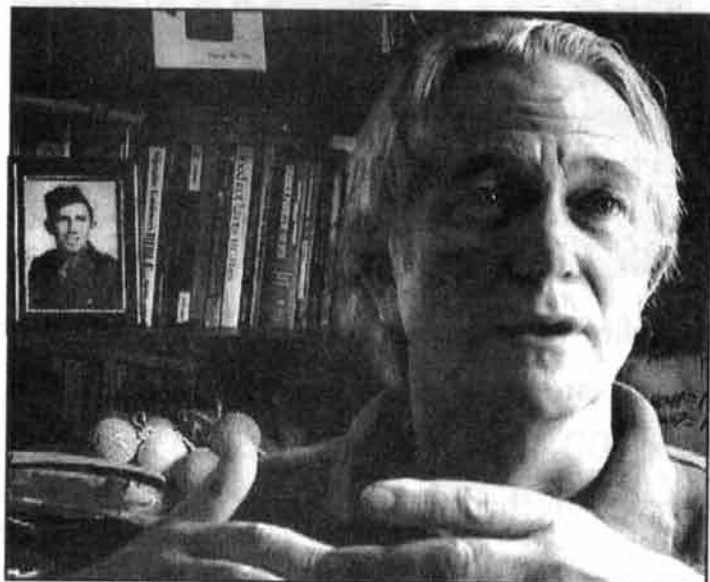
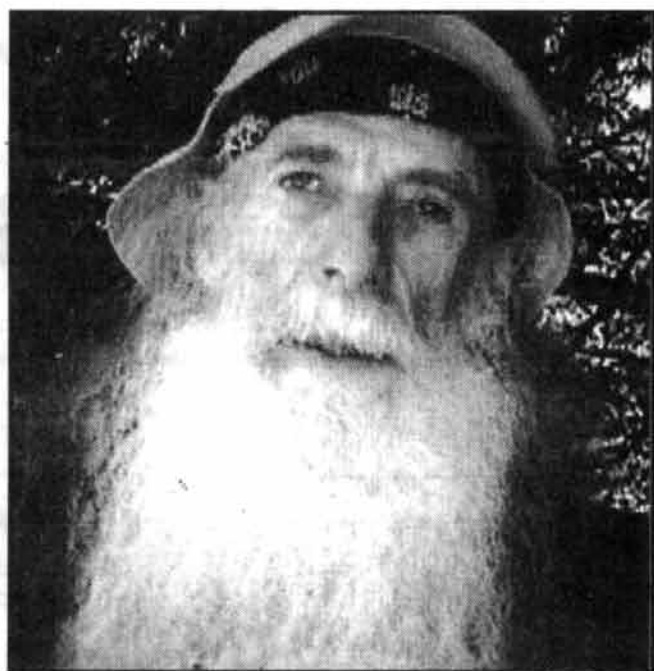


THE NEW SETTLER

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INTERVIEW \$2⁵⁰

medical marijuana sagas



I feel like Marie Curie • **Kristen Peskuski** •
Dr. William Courtney • cannabis physician's chronicle continues
Bob Wilson • Sweet Charity & Sugar-Red Leg • Attorney
E D Lerman • . . . drive them out or hide them in dark corners

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I feel like Marie Curie...

Kristen Peskuski

For years now, Kristen, I have been covering the fundamental sciences of our region —planetary processes we know so intimately and assist—fog drip forests, salmon migrations, mycelium mats. Reporting all of it as a form of gossip: Macro hunks of cause and effect as if seen through the eye of a needle. When you tell your love story, where do you start?

KRISTEN PESKUSKI: Let me tell you why I came to California.

I had been doing better (this was as I moved from Colorado to Chicago)

letting go of most of the medication the doctors had prescribed for me—for systemic lupus, for rheumatoid arthritis, interstitial cystitis, endometriosis, chronic infections—and trying to get off the rest of the medication, and find an answer to why I was sick in the first place.

I had noticed that during the times I was having the most pain, I would smoke more cannabis for that pain, and as a result, it seemed I had fewer infections.

And so I started wondering if there was something more than pain relief that I was achieving from cannabis. I was back in school and I started researching. I just started looking up articles and data bases, going through anything I could find online and came across the Endogenous Cannabinoid System. But, before me was still a surgery-a-year between 2003 and 2006 . . .

How old were you when you discovered you were so seriously ill?

KRISTEN: I had graduated from high school and had completed some college. And I was busy running an animal hospital I owned with the man who was my husband. I started having more and more infections—sinus infections, throat infections, staph blisters that would ooze and become open sores. I felt increasingly weak. I had a lot of joint pain—and bladder pain, so bad I had trouble getting up. I went through the numerous and painful diagnostic procedures of getting this all worked up over the next few years. I went to the Mayo Clinic; I went to five different states for treatment. I was diagnosed with systemic lupus.

Which means what?

KRISTEN: Basically, an over-active immune system: your body attacks healthy, normal tissue and it can affect any organ. The disease is characterized by acute and

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chronic inflammation in all of the tissues of the body.

I had been diagnosed with rheumatoid arthritis when I was sixteen, and I'd been sick, but now I couldn't function normally anymore, and as the pain got worse, I was put on more and more medication, and developed side effects from them. My bladder eventually shut down completely—when I was nineteen—and I had to catheterize myself. Which means, I had to insert a catheter into my urethra to be able to urinate. When I was nineteen, twenty, twenty-one.

You're at an age when femininity is such an important part of the way most young women think about themselves . . .

KRISTEN: For me, it was that I had always thought there would be a time when I would have children, and that there would be a time to travel, and a time to do great things with my life. To be told at so young an age that I would most likely never be able to urinate normally, that I may not be able to get out of bed. That because of the pain I was experiencing, I'd have to have surgeries scheduled instead of being able to finish college . . . Looking back, it's made me who I am now. I appreciate things *so much!* A friend of mine the other day was complaining about growing old: "Don't you hate it?!" "she went. No. Not at all. I feel so lucky. I'm so glad for the opportunity to get older and complain about it.

The catheter, that very specific medical device when you are nineteen—so at odds with the concept of being a maiden . . .

KRISTEN: Three doctors were telling me to get a hysterectomy for the endometriosis. I had a period that lasted six months, and really heavy. I underwent surgery for endometriosis several times.

How did you feel about yourself?

KRISTEN: Broken. . . . And frustrated. Nobody seemed to be able to tell me why. They would fix just one part, instead of trying to fix the whole system.

And I felt that as they patched one piece up, another one broke.

—Because they weren't getting at the real root of the problem that was causing everything to fail in the first place.

So, as I was studying the endogenous cannabinoid system I became convinced that if I could go off *all* the medications I was on, and stop having surgery— instead, just saturate my body with cannabinoids; maybe I could recover. Maybe my cells could start communicating with each other and fix these systems.

And this was before you'd met Dr. William Courtney; before even, he'd worked out the vocabulary for the context of what was in your own mind . . . ?

KRISTEN: Yes. It was a year before I met him.

I ended up coming to Mendocino with the specific purpose of growing my own medicine. It seemed then like the safest place to do that. There are a lot of places to grow, but this seemed to be the community where people really regarded cannabis as medicine and respected your right to grow.

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I came here and met E.D. Lerman, a new attorney in town, right away. I was doing temp work for her, and it was she who actually introduced me to William—at the Mendocino post office. [laughs] . . . He was in a hurry. He went: "Hello. I'm running late," and waved goodbye.

The next time I saw him, he was delivering a lecture on the endogenous cannabinoid system at the District Attorney debate. I was so instantly intrigued someone else was talking about cannabinoids in such an incredibly deep context, reaching back billions of years—and abashed that I was pronouncing it wrong.

Years from now, when the medical cannabis oral history crew makes the rounds, that forum at Area 101 will be noted as a linchpin event, where the elder, former San Francisco DA Terrence Hallihan, begins a Socratic dialog with the interim DA Keith Faulder, as the roomful of hill folks sat with their mouths open, listening. Bill's lecture, his slide show preceded the debate.

KRISTEN: Tom Allman, one of the candidates for Sheriff, was sitting next to me while William spoke. He said: "Are you following this?"

I answered: "Yes! I am." For everyone else, it was the very first exposure.

During the DA debate (this was the forum held just before the Primary) one candidate (Meredith Lintott) was saying: "I'm going to support three pounds of processed marijuana," and the next candidate: "I want it to be five." And Burt Schlosser goes: "Whatever your doctor recommends."

I had just come from a city where people are being arrested for shake stuck to a little bag. It was overwhelming: not only that they were getting the science, but that they were politically open, these men and woman who were running for these top law enforcement positions. Though it's changed quite a bit since then, it was incredibly impressive at the time. I felt I had finally landed in the right spot. At the time, I was trying to consume as much THC as possible, so I was smoking and ingesting edibles. And, still, I wasn't able to consume enough to fully saturate.

What were you reaching for? Can it be described as a sensate?

KRISTEN: I wanted to be able to get off antibiotics. To have my immune system operating normally. I moved to Mendocino in November and started to talk to William about cannabinoids in March. During that time I still had several sinus infections, and skin infections: I was still feeling tired and run down. And I was still using my inhaler, at least every other week.

—Which was significantly better than when I was living in Chicago, and I was only able to get about an eighth of and ounce of cannabis each week. But my recovery was not as significant as I had ex-

pected.

So I approached William: He had just gotten back from the CB2 Conference in Banff, Alberta, and so he was really into Cannabidiol, into CBD. It struck me, I was remiss: I was focusing on one cannabinoid, THC. Here were all these other cannabinoids I had never heard of before! Who knew what the others were able to do.

Were you consulting with William Courtney as his patient?

KRISTEN: No, as a colleague. We were on the new Mendocino Medical Marijuana Advisory Board together. I had another cannabis physician, Dr. Robert Sullivan, who I was seeing, but my condition involved such a new sphere.

And I had already met Ethan Russo, who is also a doctor, and who works for G W Pharmaceuticals (they make the synthetic cannabis medications in the UK), he suggested a couple dietary changes that were helpful—suggested having fresh, young coconut every night and Straus yogurt (I still do that). And, he recommended a book: *Nourishing Traditions*, an excellent cookbook with a dietary plan that I followed. He told me to use a volcano, instead of smoking, because of my sensitivity from bronchitis and pneumonia.

Ethan Russo introduced me to his theory of a Cannabinoid Deficiency Syndrome: that there is some deficiency in the amount of endogenous cannabinoids some individuals produce; or perhaps a receptor problem, which would cause their cells not to be able to communicate properly, which can then create a number of different problems, including inflammation, cancer, GI difficulties.

**It was the spectrum,
the breadth of different ailments
and conditions the endogenous
cannabinoid system controls
that made me think that perhaps
Cannabinoid Deficiency Syndrome
was what was going on
with my body. Because no other
doctor had been able to explain why
so many different, seemingly
unrelated problems
were going on at once.**

The DA debates were in March; I went to talk to William at the end of May, and he recommended that I go to the International Cannabinoid Research Symposium. It was the 17th annual ICRS, and it was being held in Saint-Sauveur, Quebec, Canada three weeks later.

William urged me to go. At the time, it didn't require a passport to go to Canada: you just had to have your birth certificate and your driver's license. I didn't have my birth certificate, so I paid by credit card to have it overnighted to me, and they said it could take 48 hours at most. After a couple of days, it still hadn't come, and there wasn't enough time to order another one.

I called the airline. They said: "Don't worry, we'll let you on the plane without it. Have the birth certificate sent to Canada, because you'll need it to get back home".

Meanwhile, I didn't have a car to get down to the airport where I needed to be at midnight, and there is no anywhere-near direct bus service from Mendocino to the City, let alone the airport. Finally, a friend agreed to lend me a car. I get down there, and I'd pre-paid for long-term parking; but Priceline.com hadn't let me know that the place to park was *not* at the airport, that it was actually incredibly far away, so I almost missed the flight.

I finally get there, and they tell me that I *do* need a birth certificate to fly. It is midnight.

"We're really sorry. Regulations have changed. They may have not been up to date as to what we needed on the phone."

So I go all the way back to Mendocino, which is a four hour drive, and find my friend needs the car back. So now I don't have a car, I don't have a birth certificate, and all along I'm calling William to up-date him, and he's saying: "You have to come. Many of the researchers are young women your age. It's an amazing year. You've got to come and be part of this." Every time I would want to give up, he would tell me how important it was: "You have to understand cannabinoids: it's the key to getting better. It will put you in touch with people who really can understand what is going on with your body." So, that would make me try harder.

I was also supposed to have some document from the post office that showed my passport application had been sent. And they didn't give it to me (they'd sent it in by accident.) The postal employee made up a form for me. Notarized it. He's like: "This will work."

Meanwhile, it turns out my parents had a copy of my birth certificate and they'd over-nighted it to me. Fed Ex was late (they had had some sort of car trouble) and so it was 4:50 when they dropped it off. Another friend was going to drive me to San Francisco for another midnight flight, and he had to stop and water some plants in Boonville. We were running quite late.

I barely made it to the airport in time, and when I got to the desk, the attendant said there was a fee for changing my flight from the day before—and I needed to pay with a credit card.

I didn't have a credit card: I had a bank card—which she wouldn't accept.

She said before midnight she could have accepted cash, but now it was 12:04.

That was it! I told the woman: "I'm getting on this plane. I have to go. This is really like my life or death. Take cash. Make this work for me."

And she looked at me, and saw the desperation, and she sighed, "Okay. I'll help you." . . . From then on, it got even more confusing.

After I got off the plane, I realized I didn't have the name of the hotel we were staying at with me. I only had William's cell phone and had told him not to worry about picking me up because I didn't want him to miss any of the meetings. So I get on a bus; I kind of know vaguely that it is in Saint-Sauveur. I figure I'll figure it out from there. I get on the *wrong* bus for an hour and a half. Have to get on another bus to a train, to get back to Saint-Sauveur.

And then I had to walk for four blocks with all of my luggage.

I just kept asking people which hotel it might be.

I get there. My cell phone is not working. I don't have a calling card. And they tell me everybody from ICRS has left for the day.

I'm ready to sit down and cry, and I turn around and there is William standing there.

What was the most important facet of that first ICRS for you, would you say?

KRISTEN: For a long time, I had kind of felt like I was the only one that was passionate about cannabis as a healing medicine. And I saw there were people that had been doing this research from before I was born! Who had gone into details I had never imagined. I was so impressed. I thought: *How does everyone not know about this.* I felt right then and there my focus in life had to be helping other people in my same situation to get this information to use to get well.

Remembering back to your first ICRS: citadels enhance relationships between individuals. Lovers who attend church together feel an especially spiritual bond. It sounds to me you found your cathedral in Saint-Sauveur. How did that influence your growing attraction.

KRISTEN: It was like being on hallowed ground, almost. It was a culmination of so many things for me.—And it was William's first ICRS, also: he had been at Banff, but ICRS was new to both of us, and the more we learned about the research, we were learning about each other at the same time . . . and now, it's so unique, to have our personal milestones associated with ICRS. Last year we were in Scotland and I was pregnant. This year we went with our baby, and it was the first year both of us presented a paper.

But at our first ICRS, we spent so much time at meetings that it was hard to find

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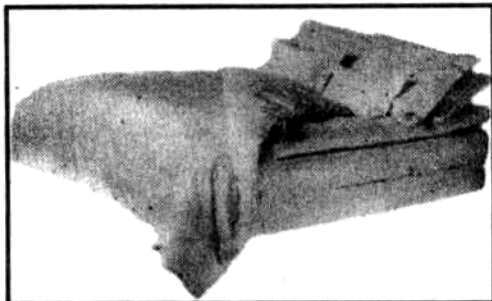
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time. We were so exhausted at the end of the day: the meetings start quite early in the morning and they're pretty heady. So, it wasn't until we got back to Mendocino . . .

And over the next few weeks, what started as a professional relationship evolved into a really amazing personal relationship. A friend of mine, right before I left for Saint-Sauveur, told me it was the perfect place for me to be, and I was feeling like William was the perfect person for me to be going with. He was my guide, explaining what I didn't understand; as well, he shared my level of excitement. I found myself being as excited about the science as I was by about getting to spend time with him talking about it.

When did you start using leaf medicinally? I think Bill told once told me that it was your experimentation that preceded his interest.

KRISTEN: Actually, it was a researcher in Austria that got both of us into fresh green leaf.

When I first met Bill, he told me about green leaf capsules: he felt it was a better way to get Cannabidiol. Even though it is not that much higher a percentage, it's still better than what you can get at through the flowers, the bud.

So I incorporated capsules, and immediately found that my skin conditions were clearing up: my blood work came back much better, the rheumatoid arthritis test was tighter.

I slipped a disk that summer, and I was contemplating back surgery before we started using the fresh leaf. Three or four months before I got pregnant, we started juicing fresh leaf, and the recovery was the most remarkable I had experienced yet. My antinuclear antibodies test (which is a measure of the lupus, and how my immune system is operating) fell the lowest it had been since I was 16 years old. The bladder pain has gone away—two years ago I was still taking medicine for bladder pain.

Also, I had a pre-cancerous skin flap: dysplasia cells that were cut out of my cervix, and continued to grow back. The doctors wanted to cut them out again, and I never went back for the three-month check-up. About six months after I was with William, I told him and he wanted me to check it out right away. The flap had completely disappeared. My gynecologist couldn't explain it. My recovery subsequent to the capsules and the green leaf has been much more significant than anything I experienced with smoking alone.

Can we talk more about your bladder condition, and the surgeries it required before you came to California?

KRISTEN: I had six hydro distensions, where they blow up the bladder with water five times its normal size and rip the nerves out. I've had DMSO instilled in it; I had chemotherapy drugs poured into the bladder to try to burn it out to grow a new lining.

I've had tests where they stick catheters into you in order to measure urine input and output. I've had urethral dilatations: the urologist puts a series of metal rods (each one a little larger than the last) up through the urethra and pack it full of antibiotics.

My god, Kristen! You sound like a holocaust survivor.

KRISTEN: When I went off a lot of the medication in 2004, the bladder started functioning again, but I still had pain, and I am allergic to one of the major drugs they use to treat interstitial cystitis. I kept trying to take Elmiron on and off, or would take Pyridium—or just deal with it. After coming to California, it took about a year and a half, but I only experience bladder pain every few months, if that.

You were told that you couldn't get pregnant. . . .

KRISTEN: I actually went through having my eggs stimulated once. I was on three times the normal dosage of fertility drugs, and nothing, no stimulation took place at all. They told me I could not have children, and may not have eggs

because of the endometriosis being so severe. —And when I actually got pregnant with Zahiya, I was taking birth control pills for endometriosis.

So I had been told by two doctors that I probably never would have a child. After having the cervical surgery, having that scraped out, there was also some concern as to whether my cervix would be able to hold a baby past four or five months.

Where does the name Zahiya come from?

KRISTEN: It's Ethiopian for beautiful and prosperous and kind. In the last section of the last baby book we looked at, William pointed to the name and said, Zahiya. The country and the continent wasn't important. We like how it sounded and what it meant.

How long into your pregnancy did you self-discover you were carrying a child?

KRISTEN: I knew after a week. I had a lot chest pain and I just felt very hormonal all of a sudden. Very different. The first pregnancy test was negative: I took a pregnancy test a week later and it was negative. But I was so convinced, so a week later, I did another test and it was positive.

And you want this child—very much. So what become your rituals of pregnancy as you pass through it month by month?

KRISTEN: It was a wonderful pregnancy. I tried to have no chemicals around me. I was even nervous about bottled water. I ate almost entirely, organic food.



But I had to go down to UCSF to consult at least once a month, sometimes a couple times a month. I had fourteen Ultrasounds. I had to see a doctor every week after twenty-seven weeks. I had non-stress tests once a week, where instead of stressing out the baby, they just monitor the baby's heart rate.

—Although they did one time stress the baby out. A woman put a loud blow horn up to my belly without telling me what she was going to do, and made this loud noise inside of my belly that made the baby kick. And it did cause an acceleration, which is what they want. But I wasn't very happy. I wanted so badly for it to be a very organic, natural pregnancy, and I was nervous about all the intervention.

The thing I tried most to do was be calm and relaxed, and definitely, to juice the fresh green leaf regularly. When I drink the leaf, I feel more attentive, more awake. I can breathe better. I don't get heartburn or stomach pain. Or feel muscle weakness or lower back and pelvic pain.

When we went to Europe for the ICRS in Scotland, we were gone for about three weeks. It was hard to find fresh green leaf that had no chemical spray on it, so I was off the leaf for about a month, and I got very sick and the rheumatologist at UCSF was thinking I might need to be admitted to the hospital, to recommence methyloxate, Prednisone. She was concerned whether I would go full term.

As soon as I resumed using the leaf—after three weeks straight of juicing—the sedimentation rate (which helps figure out if there is infection in the body and checks the progress of a disease), the ANA (antinuclear antibody test), all of the blood work finally went back to normal, went back into remission, and I didn't need to be hospitalized. I didn't even need to finish the antibiotic regimen. It was pretty dramatic! Should I have a future pregnancy, I wouldn't want to be off the leaf even for a couple of days.

How did you cast your story for the scientists at ICRS this year?

KRISTEN: I begin from the time I am sixteen and first diagnosed with rheumatoid arthritis; I go through a very detailed medical history, where I present as much blood work and tests and events from my medical record over the years as I can, to show how sick I was, what systems were affected in a language they could respect. They see what other doctors have done . . . I guess one of the nice things about my condition is that I've done so much of the Western medicine route, I have so many records and I have such ample documentation of what my illness was.



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And then I go over when I started on cannabis: the exact number of joints and edibles: everything I took per day. And then, what happened:

I compared blood work and results that I got from doctors after starting on just cannabis, and they can see the contrast: how I was doing prior to cannabis, during, and then for the period that I went off of it, that month I was in Europe and did not use cannabis during that portion of my pregnancy, and the consequence.

Did you stop using bud during your pregnancy and shift over to leaf exclusively? Or did you combine the two in some fashion?

KRISTEN: I wanted to focus on the leaf. Just because I wasn't sure how the psychoactive attributes of the bud grown here would make the fetus feel. However, there have been studies done in Jamaica and in England about smoked cannabis, and in the first couple of months of pregnancy, it was found to be much more effective in helping with morning sickness and helping the mother maintain nutrition than any other anti-nausea medicine. So I don't feel like bud is a detriment. But again, I don't know how it makes the fetus feel. I don't know if the psychoactivity would be uncomfortable. So I tried to primarily focus on the leaf.

As a cultivator, how did you proceed to provide yourself with leaf.

KRISTEN: We actually don't cultivate right now. We don't grow our own. So I was completely dependent on other people. I sought out people who would grow organically, that would not put anything at all on the leaf.

The researchers at ICRS were asking if I had analyzed the cannabinoid content of the leaves, and if it had been the same supplier all along, the same number of leaves. I feel badly that I wasn't able to do that. I would like to repeat the study with a source that is more reliable. Or I would be willing to grow a supply, just to be able to make sure that I could have the exact numbers, and the exact same kind of plant throughout.

Were you aware of the strains you were using?

KRISTEN: They changed. Primarily, I was using indoor grown plants, and primarily strains like Purples as much as possible. I was hoping the purples would have a slightly higher Cannabidiol [CBD] content. For a while, we were focusing on Cannabidiol. At the time, research suggested it acted on the CB2 receptor, which a lot of my medical conditions are clustered around. I was thinking if I could increase Cannabidiol, I would have increased healing.

But now we know. Cannabidiol doesn't necessarily act on the CB2 receptor; and the amount of Cannabidiol I would get in the leaf is so small compared to the other cannabinoids I'm getting through the plant.

So, I have changed my focus from Cannabidiol to trusting the THCA (which is abundant in the leaf) or that it is the combination of all the cannabinoids in the fresh leaf that are having the effect on me.

Talk about your discovery of THCA while you were in Europe.

KRISTEN: THCA is THC-acid. An acid only available in the raw plant. When you heat or you process cannabis in any way, you decarboxylate it. Yet, the acid base for THC and CBD has medicinal benefit—or so I'm finding out. I think that in the raw form that acid base could be doing something more for me than I could get from the decarboxylated THC and CBD. I also think that the amount of cannabinoids we need would be difficult to get through smoked cannabis without feeling the intoxicating effects. By eating it, I am able to saturate much more so than I could. Even if I were smoking all day long, I wouldn't be able to saturate as heavily as I can juicing.

Do you choose to nibble? Do you make salads? What is your dietary preference?

KRISTEN: I juice it, pretty much.

And drink it all day long, or on a specific daily schedule?

KRISTEN: We're trying, right now, to do it as many times a day as we can. We have been making up a batch once a day, and then drinking it three to five times a day.

William says it leaves your system in fifteen minutes, so being able to consume the juice more frequently, would have more beneficial effects.

Tell me exactly how you go about juicing the raw leaf? —There is not that much "juice" in a flat cannabis leaf.

KRISTEN: We use a Breville juicer. We used to juice in a Green Power juicer and we still take it when we travel. But the Green Power is hard for me to use: I actually have to get up on a chair to push the carrots and heavier vegetables through.



With the Breville juicer, you throw the leaf and vegetables in and it does everything for you; you don't even have to cut the elements up into smaller pieces; you can drop a whole apple in and the Breville will take care of it.



So, it's really easy to use. Easy to clean. There aren't a lot of tiny parts that you have to take apart; it's a large cup and larger pieces that you can quickly rinse. The other juicers we have tried, you need to scrub a lot of small pieces, and after awhile they get really stained or dirty.



We store the leaf we get in our refrigerator. Greens bags are generally the best; they keep the leaf a lot longer. We get our leaf from a dispensary in Humboldt. Because I'm associated with Dr. Courtney's office, I'm not allowed to talk about *where* to get cannabis. But I would like to mention this cooperative as the private person I am: The Humboldt Patients' Cooperative gives out juicers and leaf now to people for free if they will participate in research.

Normally, I take the leaf from the bag and put it in a pot; you don't want the leaves to be real dry when you juice them, so soak the leaf for five minutes in a pot of cold water. As you put the leaves in the pot make sure they are entirely clean—even if they are organically grown.



And then I take about ten carrots and cut off the tips. We like to add Bosc pears: they hold up well in a vegetable juice, as do apples; some of the stringier fruits like mango and the softer pears get caught in the parts or you have to use a different fruit screen. Sometimes we'll use beets or throw any vegetable in. We make a quart of the juice at a time and sip on it as we can throughout the day.

How do you figure proportions—and why?

KRISTEN: The carrots take away the unpleasant taste of the leaf. A normal juice would be ten carrots, two apples and a pear. Or ten carrots and a half of a large beet, and maybe three or four big leaves of chard or kale. If you are doing a juice drink with the beets and the kale, you might also want to add an apple or a pear to sweeten it up.

For the leaf, we try to use ten or more at a time. We used to just pack in as many as we could stand, but a lot of our patients don't have access to fresh green leaf regularly, so right now, we're trying to see how few leaves we can get by on. (And we don't always have a fresh supply either.) Several researchers brought up that I should be using the same strain each time and get it analyzed; and then maybe try a different strain after six months and see if I feel differently, or if my blood work is different.

In Sweden I'll be presenting a paper on the cannabinoid content of the strain I've used and how my blood work did while *not* pregnant.

One of the variables is that pregnancy can help your immune system.

I've been doing really well since Zahiya's birth, I haven't had any major infections. The last time I was sick was when I was five months pregnant, just after we returned from Europe. I got an antibiotic but then, didn't take it and I healed the infection myself. And for me that's huge! because anytime before if I got a cold and I would leave it, it would go into bronchitis or pneumonia. Being able to *not* take an antibiotic and try to fight it myself was liberating.

—Sometimes I like to add garlic to the juice. And if your stomach gets upset with it (like mine did when I was pregnant), a little bit of lemon, or eating crackers helps. I like hemp bread with my juice; that keeps my stomach feeling fine.

In the midst of your pregnancy, a TV crew comes around and starts talking about a mini series called 'The Bud Sisters' and asks you to be part of the cast. . . .

KRISTEN: I saw Bud Green at the 420 celebration in Laytonville right after I found out I was pregnant. He was working with a film crew doing a documentary and ran into my mother and me, and they filmed William talking about the science of cannabinoids in his slide show presentation.

While my mother and I were waiting for him, another cameraman started talking to us and put both of us in the film: it's called 'Cash

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Crop'; it just premiered at the Hawaii Film Festival.

They have my mother talking about how she was completely opposed to cannabis, and how upset she was when I told her I was moving to Mendocino to be able to grow my own medicine and saturate my endogenous cannabinoid system. How she has changed over the year and a half I was there, and met William (who she totally adores). How the science changed her mind. And how awed she was that I had decided to use this treatment and it worked. That I had gone for it. It was an amazing moment they captured between my mother and I . . .

The first time she had ever told that to you . . .

KRISTEN: Yes. It was really meaningful for me. And now my mother works for us, she does much of our scheduling, answers our phone back in Chicago. So to come to where she is now, really believing in this as medicine, from where she was when I left to come here three years ago has been monumental.

But it's in that context that I met Green Bud, and he asked me to do some modeling. *Bud Leaves* is a guide that has models who are socially conscious and working towards the legalization of cannabis. Bud is trying to produce a website where people would be able to see photo sets and hear about projects that they are working on. The guide promotes different events for cannabis legalization. He asked me to do modeling for the website.

And at the time I was only a month pregnant.

We both stayed pretty busy, and I didn't run into him until I was back from Europe, and he noticed I was six months pregnant. We did a few photos of me with some plant foliage, and they just came out beautifully. Then he filmed a little piece of me talking to the Bud Girls about pregnancy and my illness and my recovery. He took some photos of me and my baby three months after I gave birth for a calendar. It was a great experience to have with Zahiya. I recently saw pictures of my mother when she was pregnant with me, and so I think it will be great for her to see us together, both when she was in my tummy, and then out, in my arms.

What effect do you think the effect of cannabis has on your daughter through your breast milk?

KRISTEN: The green leaf doesn't have a psychoactive affect; I've tried to focus on using only leaf now.

In terms of a supplement: do you think you are passing on any benefit to her?



KRISTEN: Well, the greatest source of endogenous cannabinoids is in a mother's breast milk.

There was another paper this year on cannabinoids and 'Non-Organic Failure to Thrive Syndrome'. They are finding that infants who have a failure to thrive, when given cannabinoids, can become just as robust as the others. This was a study done in Israel at Ariel University Center of Samaria by researchers in the Department of Molecular Biology and Behavioral Sciences. They worked with mice pups.

The same team did a paper on mothering and cannabinoids. And when they blocked the receptors, the research animals made terrible parents; and as they were given cannabinoids, the time between the mice pups begin crying and the mother came to them was much faster. They actually fed them longer, cared for them better. I found that to be pretty fascinating.

I would think that if anything, she is getting a great benefit from the green leaf in my system. It may be why her immune system has been so good so far.

I talk to a lot of parents here, and I'm finding that most who I've spoken to continued their use of cannabis during pregnancy, and found no problem with it at all. Those mothers told me they had better pregnancies: they were sick less, they had easier times with birth: didn't need drugs with birth, recovered faster; they had no problems with early labor. And their children seemed to be healthy weights.

So I'm finding—at least in the mothers I've spoken to—those who used cannabis enjoyed their pregnancy more and had an easier time with labor.

How comfortable are you, Kristen in your role in this period of runaway history? Children are being taken away from their parents during police raids of marijuana gardens, or if grow rooms are found in the residence. Not all the time, but



often enough in Mendocino County this year to make it really scary for families with children—often enough to compare to the Palmer Raids.

KRISTEN: I'm feeling comfortable that my use of the leaf has a definite medical and scientific rationale. That I cannot recommend to someone else at this point to use it, because it could possibly be a legal problem for them—endanger them in that way—is incredibly disappointing. Especially, with the leaf being non-psychoactive, it is such an incredible dietary source and is so much better than any other medication people could be taking during pregnancy.

Like, it's legal for me to take three antibiotics during pregnancy, but I'm scared to death about that. And about the fourteen ultrasounds I had. To me those "medical procedures" are much more terrifying than the thought of using a medicine that I know has a benefit on my system.

And for me to be sick during pregnancy would be the worst thing for Zahiya. So, for me, it wasn't a choice: it was something that I needed to do to make sure that she was going to be healthy. That I was going to be healthy for her.

Have you ever had wonderings, have you ever considered the extent to which your soul mate circumstance was the cause of your successful pregnancy? As opposed to the fact that you were ingesting green cannabis leaves.

KRISTEN: [laughs] I can see that . . .

. . . A state of being so much in love and have really selected the exactly right person. How do you sift out the two influences on your healing?

KRISTEN: I can see no one that I would rather have be a father to my baby than William. And I can see Zahiya picking him amongst all others to be her father. But even if green leaf wasn't responsible for the pregnancy, it was responsible for making me healthy and keeping me healthy so that I could be the best mom possible for Zahiya.

But there are stories all the time of people not being able to have children, and then finally being happy and relaxing and then getting pregnant. That definitely could have been the case, because this is the happiest that I've been in my entire life. And I can definitely see Zahiya waiting for this time to come into being.

I'll be going to Germany in October: I've been asked to be on a patient panel, and in a workshop intended for understanding patients, organized by the International Association of Cannabis as Medicine. It's a symposium with a clinical focus. They'll be talking to patients and having physicians interacting with them; bringing out our experiences with cannabis

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and how it has helped our conditions.

"Understanding patients", that's such a beautiful phrase. What does it mean to you in the large sense that you will be on this International panel?

KRISTEN: There is so much research being done, but I don't know if they always see the face that research is affecting. For me, it's important for us to remind researchers that what we observe personally, is as important as what they are finding in the laboratory; and that we should be working together. They can better tailor their research towards patients, if they understand what patients need, and what they are experiencing.

And patients can be helped throughout the research. There are very few cannabis researchers who know about the green leaf, right now; or that know that there are different ways of consuming cannabinoids. We need to work together more. A lot of people are nervous of doctors. They feel like they can't talk to them. And many doctors don't take what patients say into account, don't take it seriously.

I was impressed that they chose my paper for ICRS. That they were willing. I think I'm the first patient that ever wrote a paper for them from that perspective. And this year, particularly, the papers were so impressive: the depth that they got into, the rigorous scientific methodology. The design of these experiments was really top notch. And so, I was really flattered to be picked. Generally to be part of ICRS, you're doing full time research in the area.

Kristen, I'd like to publish portions from your paper in New Settler. Our readers crave that depth. How does your paper begin?

KRISTEN: It follows the same format as the others do. . . . [booting her computer] So it has the Abstract first, and Introduction. I can read it to you. We also have a poster.

"Cannabinoids, terpenes and flavonoids have numerous functions; in particular, their central role in modulating the immune system. They have been shown to be effective as anti-inflammatories, anti-oxidants, analgesics; are anxiolytic; effective in treating OCD; are active in cellular glucose metabolism, and appear to inhibit aggressive tumor cell growth.

The terpenes are known to act synergistically as allosteric modulators at the CB2 receptor.

Aberrant function of the ECS [Endogenous Cannabinoid System] can arise from a clinical endocannabinoid deficiency (CECD), from an as yet unidentified endogenous terpene deficiency,

as well as from structural, functional deficits in the synthetic import and decorative enzymes. Aberrant ECS modulation results in over-activity to under-activity.

I am a female patient diagnosed with rheumatoid arthritis and systemic Lupus erythematosus at age 16. I underwent urethral dilations, and bladder dilations under general anesthesia to mechanically avulse the nerves, innervating the

bladder six times. Bladder failure required daily self-catheterization for several years. Additionally, I have marked hypoglycemia, asthma, endometriosis, pre-cancerous cell growths removed twice from my cervix. Chronic sinusitis, chronic bacterial infections, severe allergies to almost all medications, allergic dermatitis; and I was diagnosed as sterile. I underwent fourteen surgical procedures and treatments in five states, including the Mayo Clinic.

Despite these efforts, I was bedridden for three and a half years, taking more than 40 medications a day, such as Plaquinyl, Methotrexate, methadone, Vioxx, morphine and prednisone to alleviate symptoms, boost the immune system and control side effects of other medications. ECS abnormalities can account for this cluster of immunologic disorders. I moved from Saint Charles, Illinois to California in order to saturate my receptors with phytocannabinoids.

Clinical cannabis was taken over a 30-month period, in which the fresh green cannabis leaf was the primary source of cannabinoids. The study period included a healthy, normal pregnancy, during which I continued green leaf therapy after consulting with my OBGYN and specialists at UCSF. I was closely evaluated, and physiological assessments of my medical progress were frequently conducted.

Phytocannabinoids established and sustained my remission from Lupus, interstitial cystitis, and rheumatoid arthritis. My ANA rate both went down last year. The precancerous skin flap has disappeared. My RA titer was negative for the first time in 13 years. I avoided back surgery and a third sinus surgery. I was able to get off regular antibiotic usage for the first time in six years. My recent pregnancy was full term and produced a perfectly healthy baby girl. No allergic reaction has occurred with clinical cannabis, allowing for long-term treatment. Analysis of the ESC synthetic primary and allosteric finding import and degradative proteins for substitutions, deletions or additions, may explain my immunological abnormalities.

The Department of Health and Human Services US patent 6630507 recommends 20 milligrams per kilogram of CBD for my conditions.

Which I would like to try next for continued improvement.

How many people were there would you say? What kind of questions did they have?

KRISTEN: Maybe 250. They asked what the cannabinoid content of the leaves was? Whether there were any side effects from the leaf? They asked a lot of questions about the pregnancy. Whether I felt it contributed to the healthy pregnancy? Whether I felt there was any effect on the fetus? They were interested in the period that I was off the leaf. They wanted to know how long I could be off it before there was a problem. How long I had been on it before I noticed the benefit. How long before it cleared up the infections during pregnancy.

They also really wanted to know which cannabinoids I felt were helpful.

How did you respond to that query?



KRISTEN:

I think the anti-fungal, which is the CBN, and anti-bacterial, and the THCA (which is only in the unheated plant material) and Cannabidiol are all helpful. But I think, more importantly, it is the interplay of all the cannabinoids together that causes the most benefit.

That when you isolate each one and take it alone, or take it as a pure synthetic, it can't have the benefits. It doesn't have the same effects that they all have together.

They were asking where I had published and if I would be presenting again—which was encouraging—and what I would be doing next year in Sweden.

Are you putting together any research protocols at this time?

KRISTEN: I'm working on having a regular steady supply of leaf, and I'm going to have it analyzed by a couple of different labs. Then I'm going to stick with that cannabinoid profile and take a specific number of leaves per day and analyze the results of that after nine or ten months. I'm going to do my blood work: have blood drawn at the beginning and the end, and several times during to see what a consistent, regular supply would be able to do.

And try to work on giving people a dosage. There are a lot of people who want to try this regimen and I'm not able to tell them: *Ten leaves might work, but 30 is better.* If I could come up with some sort of a baseline number of leaves. We're looking for the smallest number of leaves that are medicinally beneficial.

Are you going to involve other patients in this research?

KRISTEN: Yes. There is a dispensary, The Humboldt Patient Resource Center, interested in supplying people with juicers and the leaf if they will participate in a scientific study. I would definitely like to expand the study group, get more than 30 patients, if possible.

Both males and females?

KRISTEN: Mainly I am looking for people with autoimmune conditions, or conditions that might be similar to my own. I would be interested in doing other study groups, too; but I'd like to cluster them around the same conditions, eventually leading to some male and female predictions.

How do you feel about your scientific partnership with Bill? . . . I have to note that you call him William. Like 'marijuana' and 'cannabis', you immediately gave him the more dignified name.

KRISTEN: . . . I feel like the Curies—like Marie Curie . . . and—what was her husband's name?

[laughter]. . . *Nobody remembers.*

KRISTEN: It's incredible that we can share all parts of our lives. We go everywhere together, and everything that we do reflects back into the work that we are doing. What we are doing, we are able to do better together:

William can test out some of these theories on me. And a lot of patients like to hear his explanations, but sometimes they get lost in the science. Having someone in the office able to explain it in a simpler version, they are more able to come up with their own questions and move up to the next level when they talk to William. I think we work really well together. I'm hoping in the next few years we can start doing more structured research, focusing more on the science, than what we are doing right now, which is seeing patients.

Which I love participating in. It's been our greatest source of information. But I'd like to expand and do more controlled research in this area that can help so many people. And there are still so many questions unanswered. The thing I got most from my paper was that people were excited by it, but they wanted to know more.

To what extent are you aware of the oxytocin you produce as you nurse your baby? Has your demeanor changed? Your level of contentment? . . .

KRISTEN: I feel really closely bonded with Zahiya and I feel more relaxed, more at peace. I love being a mother. I love the closeness.

Are you able to separate the effect of the green cannabis leaf in your diet from the effect of her suckling? Can you read your biochemical reactions and separate them out?

KRISTEN: Oxytocin has a different effect: more a hormonal feeling. The leaf is more anti-inflammatory and pain-relieving, and keeps me free from infections. It gives me a feeling of health and wellbeing.

When you were delivering Zahiya, did you sip leaf juice—like other mothers in delivery are given ice to suck?

KRISTEN: No. It happened so fast. We had three bags packed—things to eat and drink and listen to—and when we arrived at the hospital they said, "Don't unpack. You're going to go home: it may not even happen today." But we just hung out at the hospital, and I dilated almost the entire way in 45 minutes. Just around the time I was kind of wanting something, they said: "The baby's coming now."

She came out in five minutes of pushing. It was a completely natural exper-

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ience. And it was incredible. It was just perfect. As soon as she was born I said: "I want to do that again."

Did you feel that the juicing you had done during your pregnancy had altered your body for birth in any particular way you could identify?

KRISTEN: I felt incredibly healthy. I felt strong and healthy and ready for anything. And well prepared. To me it is disappointing that due to the political climate and the way the Medical Board is set up right now, doctors can recommend Percocet in pregnancy; they can recommend prednisone, antibiotics; but they can't recommend cannabis in pregnancy.

Yet there was a study done in England where mothers compared all the other options for morning sickness that were available to cannabis; and they found cannabis, by far, was safest, had the fewest problems for the mother and the fetus, and made them feel the best. A lot of the mothers said they felt like they would never have been able to get through the pregnancy without using cannabis: mothers that had nausea so severely that they just couldn't keep weight on. Others who were constantly sick and lost a lot of weight during their first pregnancy, by the second one used cannabis and found they had a much easier time, with babies born with a better birth weight. So it upsets me that such a potentially beneficial substance has been so demonized.

What about here, Kristen: many babies in Mendocino and Humboldt Counties are the infants of mothers who used cannabis in one form or another through their pregnancies: babies that are probably continuing to get cannabinoids while they are nursing through the lactation process. Tell me more about your conversations with other moms: women who use cannabis unhindered by a culture of guilt and trepidation: what are their conclusions.

KRISTEN: That their babies have been healthier, over all; that they haven't had to put them on antibiotics. My pediatrician told me it's not a matter of "if" Zahiya will get sick this winter; it's when. And she never got sick. Other mothers I've talked to experience similar results: that their babies were not sick; that they had better immune systems, lower instances of asthma. Even several mothers of premature babies who I have talked with: out of every baby in the NICU (the neonatal intensive care unit) at the same time as theirs, their babies are the only ones that weren't "blind", that are not experiencing developmental delays. While it may be anecdotal, it seems to me an overwhelming of number of people come forward with stories like this.

Pregnancy can be extremely difficult for many mothers, and there is a high incidence of miscarriage.

My physician told me that as high as 50% of woman miscarry in the first 12 weeks. And it could be that if your cannabinoid balance is off—either too high or too low—you won't get pregnant. So perhaps there is also a cannabinoid deficiency that leads to miscarriage. I would just like to it studied further.

When I came in to see the nurse at my obstetricians office—this is when I first came in—as part of the routine, she showed me pictures of grossly deformed children and told me that's what happens when you use cannabis in pregnancy. And William and I are sitting in the office, just looking at her totally speechless.

And then, there was a questionnaire: she asked us questions about how we would handle problems of pregnancy and one of them presented the alternatives: "I will use heroin, I will smoke a pack of cigarettes, I will get drunk, I will use cannabis, or I'll talk to a friend." — Just the fact that they had included cannabis in with all these other extremely harmful substances, was really upsetting and offensive to me.

And as I started arguing with this woman, you could tell she was writing down that I was non-compliant. And she went into even more detail, and insisted I promise I would not use cannabis because it was so horrible.

The more I argued, the more I realized there was no changing her mind.

It's sad that people who are in a position of authority, and are supposed to be experts in the field advising people on pregnancy, are scaring them with these horror stories and photos of deformed children.

Where is this???

KRISTEN: Mendocino Coast Clinic. . . . Yet, I think my doctor is incredible, and I really liked him; and I know the woman was just trying her best based on the knowledge she had. And that is what disturbed me most of all: here she's employed in a position to advise people on pregnancy and the scientific facts she is using aren't real scientific facts.

I asked her where she had gotten this information and she said from the US government. Yet it's NIDA that funded the longitudinal Jamaican studies which showed that children of mothers who were cannabis users had no developmental problems.

The mothers were characterized as light, moderate or heavy users, and the results were the same. But of course, NIDA cut the funding for Melanie Dreher, who is both an anthropologist and a nurse—in fact, Dean of the College of Nursing at the University of Iowa. They cut her funding when her results showed that there weren't problems due to mothers using cannabis teas and other preparations. That in fact, initially, their infants did better on scales testing autonomic stability and reflexes.

So how can NIDA turn around then and produce these pamphlets for nurses to teach saying that cannabis leads to birth defects? It's totally outrageous.

My god! You are recognized, internationally, as a cannabis researcher. Why is this intake nurse still in that position? . . .

KRISTEN: When our patients say that they use cannabis while pregnant, some of them come to us wanting to know if that presents any problems. They are nervous partly because of what medical professionals, like the nurse at the Mendocino Coast Clinic, are telling them. If they have evidence it is harmful based on scientific fact, that's one thing, but what they are using is government propaganda that has no factual basis in reality.

I am fascinated by history. I have relatives who are both German and Polish, and since we are already going to Europe in October, I wanted to visit Auschwitz. I have always been very affected by the holocaust.

One of my great aunts was in a concentration camp (Auschwitz, is how the family story goes, maybe Dachau.) She was made secretary for one of the guards and she got pregnant with his child, and he arranged for her to escape to the United States. He killed himself. He didn't go with her because he felt how could he be father of this child when he had committed such atrocities to his son's own family?

My grandmother told me this story. A lot of my family history is unknown. I have some family who are from the Ukraine, and from Poland; and so many people from Poland were put into camps, it's likely that one of my relatives was. We are also going to Dachau, known to be a place they sent the freedom fighters, members of the Resistance.

The more I talk to people about it, the more I hear them say: *"I would have done something if I had lived back then. I would have helped those people. That never would have been allowed to happen in this modern day."*

As we were planning our trip, we were looking on Google Earth, and I was noticing all these red-bordered countries, where fighting is so intense, they do not know where one country begins and another ends. And I thought to myself: *What must life be like for people in these areas?*

Atrocities are happening today on par with the holocaust; maybe not death in the same way, but people being ethnically cleansed just the same with horrible carnage happening—and in our name.



So, we had the idea of visiting refugee camps to see how the situation was, and see how we could help. I felt compelled to do something, but unsure what. And William felt that the one thing that we know well, that we have experience with, is with cannabis, and perhaps we could return to people this medicine that is cheap to grow, that they can do themselves, that reduces stress and helps maintain their health. A plant they can make paper out of, building materials. That's sustainable! And the reason it is not available to them is because of the United States, and the political pressure they have put through Convention One. William had been wrestling with the United Nations Treaty One Convention for months and months and months. And so it all spun back to try and change that. To make this medicine available. We believe it is as important as food and water to maintain your body.

How do you expect to proceed at the next ICRS conference, at whatever conference you are going to this next year with regard to your crusade.

KRISTEN: It's a new idea, and so we're going to see where it leads.

Because we've been working so much with the green leaf and how it has helped me recover, I'm hoping that when people start seeing my story, can look at the recovery that I have had, and hear stories of other people, that it will move them to understand how important this plant can be, how necessary it is to large populations, to people who struggle with poverty.

I wasn't too sure how well-received it would be to be calling different countries, when I can't speak any of the language, except to say "I don't speak the language." Last night I started calling at midnight, and I think if the first camp I called had been difficult, maybe I would have been too un-nerved to keep going. It took me forever to find these places online, but the first one I called a man named Ari talked to me. He spoke English, beautifully. His family had been Sri Lankan refugees years ago.

He now lived in the Netherlands, where he had become a businessman. Then, met his

wife, who was a Vietnamese boat person, and after he heard her speak, he quit his job to help other refugees. His wife and he.

—Also curious, because of William and I working so closely together, that my first call reaches a husband and wife team responsible for helping hundreds each year in finding new homes.

Ari told me that the biggest thing about these people is that they have been so stripped, and it is so traumatic. He said: "Our people need somebody that can help bring them out of their shell."

"They have been stripped of their country; they have been stripped of everything they own. Most of them have lost family members traumatically. Lost their people. Lost their sense of identity."

And William was saying how cannabis was perfect for these people. Because not only is it medically helpful, it is great for Post Traumatic Stress Syndrome: for coping with the trauma. Think how upsetting it is for people when they move. —And this is something you choose to do when you still have all your stuff and you still have all your family: yet moving is considered one of the most stressful things people go through.

Dislocation . . .

KRISTEN: Cannabis is something dispossessed peoples can grow themselves. It's inexpensive. And provides choices: if you don't like the psychoactive properties, you can use the fresh leaf. You can smoke it to rid yourself of nightmares and to get rid of some of the stress you are feeling.

And it can give you an overwhelming sense of community to share with other people, to grow with other people. It would bring an amazing future if we could change the laws to allow refugees to have access to this plant. Everybody needs access to this plant; but people with nothing else, at least this would give them their health back. Relax them, and help them enter a state of mind where they are more creative, more open to the changes they're facing; less fearful about what that means. And maybe, even offer them a sense of peace and hopefulness about what is next. Rather than focusing on what you have lost. And they have lost so much: they need something like this.

I wanted to know how many refugees are going through Europe. We started with Europe because we happened to be traveling there. And rather than completely creating my own, I thought we could find organizations already in the forefront, and help bring attention and resources to those existing organizations. So last night I called to find what the situation was and if we could participate. And I was overwhelmingly well received . . .


Did you let them know you would like to participate within the context of a cannabis agenda or message?

KRISTEN: I mentioned that my partner is a cannabis physician. With the language barrier



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it was sometimes difficult to go into too much detail. But most of those I spoke to were surprised I was calling from California and were looking to offer any sort of help. And they were particularly interested in his psychiatric and alternative medicine background, because of the unique set of problems refugees face.

In Vienna, there are two organizations, and one is sponsoring the Austrian Council on Refugees while we are going to be there. They told me they would like William to speak, and they would like to have us as their honored guests. I couldn't have imagined a better reception to calling. It was such a great feeling I had when I got off the phone and fell asleep at five. We will be going to camps in Austria, the Netherlands and Belgium. I couldn't get anyone who spoke English in France, so tonight I'm going to look up on Babblefish how to say, "I would like to meet with you: is there anybody who speaks English who could talk to us about how we could help refugees?"

I also couldn't reach Poland. I'll keep trying to make contact.

When I interview William Courtney, he will often launch into a riff that starts with a string of physiological connectivity, which quickly becomes stream of conscious-like and veering toward mystical conclusions. And I'll feel him pulling away from imbuing the plant with too much intelligence, too much of a mind of its own, with the trepidation that it would diminish his message as a professional.

KRISTEN: I know he is not comfortable with the label of a mystic. That he thinks it might be a little early yet to determine how far this is going . . . Viruses are intelligent: they adapt, they change, they change our physiology. So there is an intelligence going on there. It's just hard for us to know how intelligent, and if this plant really is trying to communicate with us. Who can explain why they have neural transmitters that bind to human receptors? I can't explain it. And William is struggling to try, and I think the more he delves into the mysteries of this plant, maybe the more spiritual it seems to become.

The other night, a family emailed William: they have a four year old daughter who has a very serious genetic disease that only affects about 1200 people. It causes severe pain, seizures, liver and kidney problems—constant infections. So during her short life she has been in a serious amount of pain and suffering and this has led the family to seek out medical help. They were researching anything that might help her, when they stumbled across a 20-year old article on cannabinoids, and looking for somebody who was an expert on cannabinoids today, they came across William from an interview he had done. They emailed him with a very specific list of questions, wondering if and how cannabis leaf could help their daughter at all. They had been told the one procedure that might save her life, she is not eligible for.

What were some of the questions they had for him, Kristen?

KRISTEN: A starting dose for the leaf. To give it alone, or with a meal? Could they store the excess juice? How it could be stored? How many days they should save the leaf? If there were side effects. Can they achieve the dosing the studies they are now reading about say they need for Cannabidiol. At this point they were looking for something to make her comfortable, more so than saving her life. They had been told she would not benefit from enzyme replacement therapy, even if it were available, due to her severe neurological involvement.

William told them cannabis could help remove some of the inflammation, which could potentially stop some of the problems she was having, and maybe reverse some of the neurodegenerative damage. He recommended they start her on leaf immediately, and talked to them about Simpson oil, as well. These are new things, but when you've tried everything else, and they are telling you all you can do is make your daughter comfortable, that's a time when you are willing to try the more alternative methods.

William called them when he returned home. He had worked in Willits: he has to drive over there at 7 a.m. to see patients at 9—and he had to copy paper work before even leaving for the office that morning. He gets home from the office, and I'll have been talking to the receptionist, so he gets in the door and I have charts for him to look at, and things for him to go through, and by now it is 8 o'clock at night and we're just trying to slap something together quickly to eat because we are getting ready for the next day and do it all over again.

It's just amazing. People don't see what he goes through when he leaves the office. It's not just 9 to 5, then he's done for the day and we have dinner and go to bed at a regular time. We routinely stay up until 2, 3 in the morning, writing patient letters, reading through materials, looking up new research. It's a labor of love. And William is patient and calm. Intelligent. Incredibly intelligent. And kind. One of the kindest people that I know,

willing to do just about anything—for strangers. Most people are willing to do anything for their own family, but people he just meets: he's willing to sacrifice sleep and drive these crazy hours. Sometimes he's driving four hours a day, every day for the entire week. We work on Saturday. We work on Sunday. I think he is the best person I know.

And the patients he has benefit from his calm, mellow attitude. He's so good at taking frazzled, upset, sick people and reassuring them—and always willing to listen; always willing to be there for someone else. Like the parents of the little girl who had sent the email.

He's often stated he learns from his patients.

KRISTEN: This is not ploy. It's very true. People think there is a book we can go to and look up, and it will say: "Use this exact amount of cannabis for this problem."

Even at these scientific meetings we go to, they're much more certain of the structure of the receptor or how the calcium channels work, than they are about how much leaf a person should eat if they have severe arthritis.

Or, how much cannabis can a person take smoking it? Or eating edibles vs. capsules or leaf. Which is the best for your condition? Should you be doing both? Nobody knows this.

They are aware in a laboratory what a synthetic antagonist or agonist of cannabinoid can do, but they don't know in a real world situation, what to recommend to people.

The majority of our patients have been using cannabis for their specific conditions, sometimes for 20, 30, even 40 years. They can tell you the exact strain, and what it does. And they may not know the cannabinoid content, but those are percentages we are learning now. Like Northern Light has more CBD than a strain like Sex, which is 25% THC. William learns a lot from people's observations. That's one of the reasons why I am really happy to be going to Germany: because they have scheduled a Patient panel, where they are going to have three patients, myself included, and we'll be talking to the researchers about what they can do for patients, and our own experience with cannabis.

And I'm really thrilled that the scientific cannabinoid community is taking patient observations seriously. A lot of times, scientific literature ignores clinical data because it can't be easily quantified or put into a two tail T-test, and in those situations, they shy away from peoples' self-reporting. And now, I feel they are taking a much greater interest. Because research should not be generated by whether they can come up with a synthetic that is going to make them millions of dollars. The re-



search should be generated by asking: What do patients need? Right now, we don't need Marinol; we need the whole plant. We need to understand why the whole plant is so much more beneficial to treating conditions than just one specific cannabinoid.

And to me, if I can get research to understand that relationship, and if William can impress upon researchers what he has learned from his patients and how valuable that has been, perhaps more studies will be geared towards what patients actually require, rather than: *How can we put it in a bottle and get it on every shelf?* And while I understand the importance of making sure there is something pure available to people readily, I'm not sure that the drug companies are going to be the way to do that. Perhaps it will be more the dispensary, or teaching people to grow themselves.

I wish I could accurately convey how much William and his work has meant to me, and to the people he is helping. I feel like all the words I use fall short. To me, he is a doctor that listens. He's a doctor that doesn't just listen, but really cares what people are saying and puts it into the framework that he has. And always, the wheels are turning, trying to come up with new theories, and trying to come up with new medicines for people. I mean, he's so passionate about it: he keeps a flashlight and a pad of paper and a pen by the side of his bed; and he wakes up all through the night and makes notes.

Like if he has a court case, he'll keep the person's chart by his bed and write down his observations, details about them throughout the night. He's so committed. And he has the creativity and the understanding to process this into something that is helping people. And, the motivation to do so.

He also has the humbleness to know when he doesn't know something, try to find out about it. To see where he is now and the thousands of people he has helped that we know of, and maybe thousands more that we don't even know he has helped, from where he was four or five years ago...

Five years ago, what happened?

KRISTEN: Five years ago a friend of William's asked him for a cannabis Approval and he said, "No." That the only way cannabis could be helping him was if it were in a tincture of alcohol, and it would be the alcohol that was making him not feel. He didn't understand how smoking could actually help heal your body. And so he turned his friend down for an Approval.

But it him got him thinking: *Maybe there is something to it*, and at the same time, the *Scientific American* article came out about the Endogenous Cannabinoid System. He decided to seek out more, because he had the intellectual capacity and the open-

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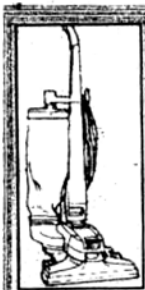
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mindfulness to realize what he was reading was a breakthrough, and that he was living in a region where people have access to the plant, and there is developing a wealth of hands-on knowledge. There are few places in the world where so many people are growing their own medicine, and have been doing it for so long, and in ways that are clean and not exploitive. As a physician he was overwhelmed by the opportunity to find something that really might be a panacea, and help figure it out.

Were both of you discovering the endogenous cannabinoid system at the same time? You in Colorado, he in Elk?

KRISTEN: I first started my interest in the endogenous cannabinoid system in 2004, and William opened his practice in 2006, and he'd been researching it since the *Scientific American* article, which I believe was in 2004, which would mean we discovered it pretty much the exact same year. . . I hadn't realized that.

And you were in Colorado . . . what had brought you there?

KRISTEN: I moved there with my ex-husband: we ran an animal hospital for five years.

In Colorado, I decided to go off all the medications I was on just because the side effects were going to kill me before the underlying conditions would, and I used cannabis to kind of deal with the pain and the negative feelings going off all the medications. I needed *something* for the pain I was experiencing, and I noticed that during the time I used cannabis daily, I didn't have any infections. This, after being on antibiotics for six years, straight.

That was pretty amazing. And I wondered if that was really just a coincidence. From that point on, I started researching medical marijuana, and whether cannabis had the ability to prevent infections. And, there wasn't much to be found right away, so I just kept looking and doing my own experimentation, trying to use more cannabis to see whether or not it was having a positive effect. And sure enough, the more access to cannabis I had, the healthier I began to get.

When my husband and I divorced, I moved back to Illinois, and went to school and as a student every paper I wrote had something to do with medical marijuana. I had access to better scientific databases as a student. That's where I started finding out a lot more about the endogenous cannabinoid system.

Were your chronic illnesses—what they did to your physical appearance (what I characterized as your "femininity")—a contributing cause for your divorce? Were your medical excruciations, what the medications were doing to your beauty, your body, behind the dissolution of your marriage?

KRISTEN: I was sick before I met him, and sick the whole time we were married, and still pretty sick while we got divorced—and we had a better divorce than most people's marriages: we were lucky to part on good terms.

One thing that improved was that I no longer had to hide my use of cannabis from a husband.

My ex-husband was very anti-cannabis; and I actually used cannabis without telling him, for a lot of our marriage, because it was so upsetting to him—I'm already sick and now I'm going to use this "drug"—that really freaked him out. Being out of that situation did allow me the freedom to use cannabis much more, which I know definitely led to the improvement in my medical condition.

—Just as leaving Chicago and the draconian legal system they have there (as far as their way of looking at cannabis) and coming to California was so helpful. Just being in this environment where I am able to use medicine and don't have to be fearful of it.

Kristen, you slimmed down so quickly after you had your baby.

KRISTEN: Yeah. I lost most of the weight in two weeks.

Do you attribute any of that to your use of juiced leaf?

KRISTEN: I do think it had something to do with it. I have low blood sugar, and I notice that when I juice regularly, I don't have the significant drops in blood sugar. And I know that cannabinoids play a part in the endocrine system and in regulating blood sugar. So it's possible regular leaf use had something to do with my body's ability to return to a comfortable weight.

Because I definitely don't have time to exercise: I spend a lot of time sitting, doing charts. Chasing the baby around and picking her up might have helped. I don't have a regular workout routine so I was somewhat surprised to be able to get into shape so quickly. It must have something to do with it.

—Breast feeding helps. And the highest concentration of naturally-occurring endogenous cannabinoids in the entire human body is in your breast milk.

At the last ICRS, I met the people from the Israeli lab that does a lot of work with mice pups. (It's the lab that blocked mice pups CB2 receptors and found the pups got non-organic failure to thrive syndrome.) We had been at ICRS before together and hadn't really talked much. This time Hodaya Dahan and Ester Fridé saw my poster, and Ester was particularly interested, because they had the results from an experiment as to whether cannabinoids made mice mothers better mothers. The one where they found when they gave the mother mice cannabis, the mothers responded quicker to cries and they nursed longer. They washed the pups more, they attended to them longer.

So Ester Fridé was asking me, that with my use of cannabis, did I believe that it made me a better mother.

One of the things I could point out to her was: I know that cannabis allows me to tune everything else out (everything that I am so busy with, everything that is going on) and

focus on what's most important.

—And there is nothing more important than Zahiya. I feel it does make our bond stronger because it allows me to stop thinking: *I've got to do charts! I've got to feed the animals.*

I pick her up and hold her and cuddle her. From that point of view, I can see it could make me a better mother. At the very least, it allows me to be pain-free and healthy enough. If I were to be sick and bed-ridden, what kind of a mother would I be? My response couldn't be so immediate, and it seems it would be more forced.

I arrived while you were singing to Zahiya in the shower: "We're going to Europe. We're going to Europe," then chattering to her about what that entails.

KRISTEN: I try to talk to her as much as possible. It is supposed to be good for babies' language development.

—And, I like to think of her, not just as a baby, this creature that is more like an animal that can't communicate just because she can't speak.

**I try to make sure I think of her as a sentient being:
her own person, already.
So I don't like to refer to her
in the third person, lately.**

Like, when she was littler, I would just pick her up and not explain where we were going and what we were doing. Now I try to tell her what we are doing, or offering her a choice if we can. Even in getting dressed. She's at an age now where she can actually pick out what she wants to wear.

There were a couple of other researchers who were really interested in my paper. Someone who was doing work on prostate cancer. Another group of researchers doing anti-cannabis work were *really* impressed by the poster. It turned out, the two of them did not like that they were being required to do a negative paper, and were really happy that their results had come out not as what their boss expected.

My mother was given pills after she had given birth to my brothers to dry up her milk. And when she refused to take them, the doctor made her sign a release form, saying she was knowingly putting her child at risk medically by breast feeding. They called my very straight mother a 'damn fool hippie'. They thought it was just terrible she was doing it.

And then, my experience a generation later, was they gave Zahiya to me immediately to nurse, before they even cleaned her off.

And they were telling me throughout the night what to do about breast feeding.

My physician put me in touch with a lactation consultant, and now she works for their office: she is there almost every day advising people.

But this is the same clinic where you were scolded for using cannabis during pregnancy. . . .

KRISTEN: That was a nurse that was supposed to be educating people, the nurse that showed me the pictures of the deformed babies. If I had only encountered that woman, I probably wouldn't have stayed. But my doctor was wonderful.

But the clinics are a public entity supported by the community. . . .

KRISTEN: And here she was telling me you can't use cannabis during pregnancy, and how bad it is. I complained to my doctor. And what he said was: there are certain things they *have* to say and those they *can't* say or the clinic will get their federal funding cut.

That left-over policy from the Bush administration!

KRISTEN: Yes. They are not allowed to recommend cannabis. At the hospital they told me I was welcome to use Percocet after I gave birth, and I told them I wanted to use edibles.

My physician said the hospital would not authorize the edibles because it is not a medicine that they prepare and give in a quantifiable amount, and so they weren't comfortable with it. And also, because of federal and state funding regulations, they would not be allowed to give out cannabis.

That he wasn't even able to endorse my using it while at the hospital.

He said in effect: *"I may not know everything you are doing, and I'm obviously not going to search you: but legally I am bound not to say that."*



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And I can understand, because we are legally bound not to tell people where they can get cannabis—which seems ridiculous. But, we live in a contentious, litigious culture where you have to watch what you say, or there is someone out to get you.”

That is what makes me the angriest. Because my physician, the rheumatologist at UCSF, and other medical practitioners I encountered while pregnant were very okay with the idea of me using cannabis rather than anything else that was available to me.

And yet, that’s not something they can write in their notes.

Both UCSF and Mendocino Coast Clinic offered me Vicodin and Percocet, while I was pregnant to deal with the cramping I had. And both of them said that if they recommended green leaf, instead; it would mean their license. That it could mean the funding they have for their offices. That means *not getting* the new ultrasound machine. That means *not having* literature available teaching people about nutrition and pregnancy.

Why should you have to trade one for the other? To me that’s disgusting. And I am so hoping that Obama is going to be different. I know he isn’t considering this the priority that we all are here, but it is. And if he’s as concerned as he says about getting health care to everybody: what about a plant that people can grow in their backyard; that is as important to their health as the water they drink and the food they eat.

**I think William is right:
that we should all be writing Obama a letter
thanking him for the government patent
on Cannabidiol. [laughs] . . .
and urging him to allow us medical freedom.**

What a concept: medical freedom in the United States.

KRISTEN: Do you know of Benjamin Rush, a doctor who was one of the framers of the Constitution.

Ah, Benjamin Rush. Thomas Jefferson used him as the source of all the medicine he sent along with the Lewis and Clark expedition. In fact, the expedition was delayed while he gave Lewis a crash course in treatment and pharmacology. Since cannabis was used at the time, I’m sure it went with them.

KRISTEN: Benjamin Rush left behind a great quote as to what would happen in America if we did not put medical freedom into the Constitution: “Unless we put medical freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship. To restrict the art of healing to one class of men, and deny equal privilege to others will be to constitute the wreckage of medical science. All such laws are un-American and despotic, and have no place in a republic. The Constitution of this republic should make special privilege for medical freedom, as well as religious freedom.”

Johannes, the researcher in Austria we learned so much about green leaf extracts from: his lab’s focus is not cannabis or marijuana. Their focus is plants, and understanding what the constituents of the extracts of plants are. And they included cannabis because they were including all vital, important medicinal plants.

Cannabis is one of the major plants used throughout time. It is so often overlooked, when people talk about medicinal plants of the past, people don’t realize how important of a role it has played, and that compared to the whole of human existence, it is only very recently that has had a negative stigma attached, or that it has been illegal. . . .

—Compared to the whole of human existence.

In December, we are planning a trip to Jamaica, and there William will be meeting with someone from the United Nations. We would like to get a hold of different countries with current experience with cannabis as a folk medicine that are eligible to speak at the United Nations, and try to impress upon them why this is an important issue, and also to try to get them to have William come and speak.

Because often the poor people of countries that openly use cannabis as medicine don’t have access to the most up to date scientific studies. Because it’s not just a matter of growing cannabis to smoke, it’s the green leaf that we are hoping to make a part of everyone’s diet; that we’re hoping people can use to maintain homeostasis. Before pandemic diseases come to countries like this, before they are problem, people can build their immune system up with the green leaf. For places that don’t have adequate vaccine, that are impoverished, this is a cheap way they can protect their bodies—and also one of the best ways they can do both at the same time.

. . . You know Beth, I have transcribed tapes of people I came in contact with during a three month period in 2004, talking about medical marijuana and how cannabis helps them with their lives—as well as other issues that were going on with college students at the time. . . .

At that time, what exactly were you studying?

KRISTEN: Astrophysics. [laughs]. . . That is, I did astrophysics at first.

I was living at home, and my parents impressed upon me that I had to find a career that was self-sustaining: That because of my medical problems, I didn’t have the luxury to pick a research career. They kind of guided me towards something that would allow a livelihood. They thought that as a psychologist I would be able to sit down and talk with people all day. They were really concerned that every time I had another surgery, I wasn’t going to be able to care for myself.

—And I didn’t want to go on Disability. I wanted to work. I wanted to keep studying. And so, they suggested I should combine a career where I could do research, but at the same time be helping people. But primarily something that would not be super-strenuous, where I could work part time and still support myself.

And so, I took a whole bunch of different personality tests: inventories that tell you about your personality and what job you would be best at. Psychiatrist . . . [laughs] was the first choice, and medical school seemed too rigorous, so I transferred into Psychology. . . Lawyer was the second choice.

Actress was the third.

Almost all the recorded conversations I was telling you about have us saying: “Is that a cop?” or, “Put that down!!!” because we were usually medicating in a car somewhere, and we were always wary, always on guard. . .

Somebody got forty years for twenty-five plants, just down the block from where I was growing my first plant ever, in Saint Charles, Illinois.



Our life would make an awesome Reality show.

We have a patient who directs several television shows (major television shows) and does some work for HBO. He was telling us we should do a project. One that would highlight our mission to help people get cannabis as medicine worldwide. . . . So I’ve been writing up a screen play. And if he likes it, he’ll be forwarding it along to the people he works with at HBO, in hopes that we can have a show to highlight the struggle, and the people that we come in contact with: the patients, the researchers, the advocates—everybody involved trying to get medical marijuana to be a reality, a medicine that people across the world can use. •