

Co-Chairs Burdick, Lininger and Committee Members,

While I applaud your efforts to improve the medical system, I stand by my opinion that the medical Cannabis industry should not be co-mingled with the recreational market. Regulations are needed yes, but these two entities ought to remain independent of one another, particularly in preemptive defense of patients from Federal prosecution.

I understand that the SB 844 – 6 amendment was moved into the bill with last night's vote. I am deeply disappointed by Section 67a lines 17 – 29 on page 87 of the amendment. This personally affects me as I have fallen through the cracks of this system. I was born in Oregon, raised in Oregon, and for a five-year period I followed my heart and moved to Colorado for love. That is less than 15% of my life. While in Colorado I worked diligently in the Cannabis industry to bring professionalism, leading to the integration with and acceptance of Medical Cannabis and the already existing level of business. In lay man's terms I am not a pot smoking, tie-dye wearing hippy. I am a professional business woman, mother, sister, daughter, constituent of the USA and now Oregon. I want to be taken seriously, so I don't wear green when I show up to the Capitol even when everyone else is calling for it. I don't believe in touting Cannabis with big green buildings covered in Cannabis leaf designs. I long for the day when we can drop the silly names of strains, like Dr. Seuss OG, Green Crack and Cat Piss replacing them with scientific labels. Cannabis Sativa, Cannabis Indica, or Cannabis Hybrid and the THC / CBD content is much better if you ask me. And yes, I cannot wait for the day that Cannabis replaces Marijuana as the standard. There is a science behind this medicine and we ought to act like it.

With all that said you must be wondering just how I have slipped through the cracks. Early this year my relationship, which had grown more and more abusive over the previous two years, began to escalate severely. I found myself in a life or death position, stay in Colorado with my abuser or run home to Oregon. I chose to live. After all, Oregon does have a Medical Cannabis, and I am experienced in the industry. The above-mentioned lines deny me my heritage all because of a bad decision I made relationship wise. I request you to amend further the Temporary Residency Provision with consideration for those born in Oregon.

How does this affect "snowbirds"? Why, should our eldest members be barred from participating in the Medical Cannabis simply because they choose to spend winters in warmer climates? I feel fairly confident that you each know someone who chooses this lifestyle and assure you, in areas with snowy winters, there are many. Some, not all, of these persons have a wealth of information and expertise for the generations to follow. Please don't deny us access to their knowledge by inflicting the four-year residency requirement that they will never meet.

Furthermore, I request that you amend the language in line 24 "...any person whose name is included in the application has been a resident of this state for ..." as this limits our very own citizens from participating under financial burden. Many Oregonians have family all over the US, friends, and investors alike. Changing this requirement to "... one applicant on the application has been a resident of this state for ..." opens possibilities to citizens who could otherwise not participate. It gives people in my situation something to work with as most of our

family has never left Oregon. Why should I not be allowed to go into business with my sister or mother, for instance? It gives "snowbirds" the opportunity to partner with their children who don't leave the state. Which allows for the passing of their lifetime of knowledge from generation to generation. That small change could mean the world to an Oregon farmer who needs investors to help them get going. Why should they not be allowed to partner with out of state persons, who may have the financial backing and experience that makes for a lawful and fair business?

I urge you to reconsider this unjust residency requirement. We want to work within the limits of the law, however I can assure you that when it is your life on the line due to epilepsy, cancer, multiple sclerosis, or HIV+/AIDS you will disregard the law in the interest of self-preservation. It is human nature. Even deeper runs the love of children by their mothers and fathers. Impeding participation will lead to a shortage of Medicine for many at which point you will be making criminals of desperate people who only wish to get well.

Section 6(1)(a) reads "The number of mature marijuana plants and immature marijuana plants, the amount of marijuana leaves and flowers being dried, and the amount of usable marijuana, in the person's possession;". Is this to say that I caretakers must not make use of raw Cannabis leaves? Many people choose to juice or eat fan leaves raw. Some make teas, tincture, or salve for arthritis and muscle pain with the leaves. Just as many cultures use the entirety of a hunted animal, the Cannabis plant has many more uses than just smoking it. Please adopt language that does not prevent the use of raw leaves or branches of this plant. I want to point out here that juicing and eat raw are two methods in which the THCa is not converted to THC and, therefore, non-psychoactive. This method is attractive to parents especially as they can treat their ailments and still care for their children and cannot be done with the dried plant material.

Moving to section 7 which also moved into the bill April 29, 2015. Right off the possession limits are unreasonable for Medical patients. Again I call for a separation of Medical and recreational markets. Six mature plants, when grown organically and without the chemical cocktails many growers will use to produce larger yields, is hardly enough to treat a patient with a serious and/or life-threatening diagnosis. In order for these types of patients to reach an effective dose the Cannabis plant must be condensed into an oil containing much higher ratios of THC/CBD than one would need to 'get high' in the recreational market. It takes a lot of plant material to get there, just as in producing edibles. Can you imagine how much juice you can make from the leaves of one plant? Even six plants could not keep your juiced treatment constant supply.

In section 7 from line 30 on page 25 to line 2 on page 27 set limitations that do not meet the level of care Patients require. First off dividing the plant limits between caregiver, cardholder, and dispensary is irrational. Cannabis is a crop and as with any other crop it is vulnerable to ailments such as pest damage, mold, bacteria, sensitivity to light and temperature. For this reason, it is optimal to grow cardholder plants in multiple locations. However dividing the allowed number of plants could be detrimental to the sickest of our sick. If one participant garden falls victim to plant disease the remaining plants to produce medicine is drastically and suddenly reduced. Nobody wants a sick person to lose access to the medicine that is working for them whether it be Cannabis or Prozac. The same goes for caretaker gardens being limited to 24 mature plants. The

limit is simply not enough to produce good medicine for patients but also leaves no room for unexpected events like disease, flooding, power outages, etc. that may reduce the usable medicine in the blink of an eye and thereby sentence Medical patients to suffering due to reduced dosages or complete loss of access. The allowance for grow sites that have registered before January 1, 2015 should be afforded to all patients, caretakers, and grow sites. It is reasonable to limit the number of patients one can serve to four. However, the plant count limit would be a tremendous improvement in patient's quality of life. 96 plants divided by four patients equals 24 plants per card holder. Keeping in mind that these patients are not sitting at home smoking flower all day long, they are taking capsules of concentrated oil, surely you can see the need for increased counts on the medical side of Cannabis. With that said I agree with the limitation requirements as they read for recreational users. Cannabis, like any other vegetable, has a shelf life, and I see no reason to allow recreational users to hold more than six plants. Personally I don't see why they would need more than four because if they're not smoking the dried flowers all day every day they will be in excess and potentially begin spilling into the black market. I cannot tell you how many people that I have met who enjoy Cannabis but are unwilling to put their name on a list for the government in fear of persecution. Especially the older generations who have been exposed to decades of propaganda like "Reefer Madness" and "DARE" or witness the government sentence people to prison for longer stints than some murders serve time. With good reason, one might add. In fact according to a 1999 Bureau of Justice Statistics Special Report "Violent [murder, manslaughter, rape] offenders admitted to prison in 1996 were expected to serve about half of their sentence." retrieved April 30, 2015 from: <http://bjs.gov/content/pub/pdf/tssp.pdf> reducing their sentence to just over ten years (217 months). Meanwhile, Robert Platshorn served 28 years in prison and six on probation for his part in smuggling Cannabis, a plant. With history and evidence like this, trust of officials does not come easily. Which means that for a long time to come there will be a black market for Cannabis. Please amend section 7 to protect patient's safe access and limit recreational overflow.

Next up the Amendment 7. I have much appreciation for the work done to create compromise and reduce the residency requirements from four years to two years. This however still leaves me somewhere outside the system. It also prevents individuals with residency from teaming up with business partners from other states. We should be so lucky to bring aboard their skills and expertise. Oregon State as a whole would benefit from the revenue created. Law enforcement would benefit because people will register within the system if given the opportunity. I would benefit being permitted to continue to do the work that I love. Most of all patients will benefit immensely from increased Medical sites to provide medicine, reduced cost, and increased quality of life. I need to point out here that in Colorado when recreational became legal and many previously established as Medicinal business flocked to the recreational market, and patients took a big hit. Furthermore, recreational shops had such high traffic once opened that a number of them sold out of product. Meaning that if you lost your grower to the recreational market, the option to purchase from recreational shops (which isn't held to the same quality and is far less effective for the ill) was also wiped off the table. I appeal to your hearts to protect patients by eliminating the residency requirement. However, I would be just as satisfied if the amendment

were amended to state that residency requirements are needed for only one person listed on the application.

Finally addressing SB 844-10 failing. I am shocked that the amendment failed. I am also grateful, for continuing to allow opting out of the medical program excludes patients from participating in what may well be their last hope. I have been unable to find any links to the full text of SB 844, however, so I must ask. Will there be an option to opt out of recreational shops? As I hope that you can tell from this letter, I believe Cannabis should be regulated like tomatoes, and I don't mind if people want to smoke it to unwind before bed. At the end of the day patient's rights and safe access are my top priority.

I want to point out that I have noted the testimony I submitted after the work session made it onto the meeting materials. However, the first testimony I wrote which was submitted prior to the 24 hour cut off and I was copied on the forwarding by Committee Administrator Crawford does not appear. I ask that you ensure you have read both of my testimony statements as the first and second cover different issues.

I encourage you to contact me to arrange a face to face meeting of the minds (I will have to travel several hours hence the need for scheduling). In lieu of face time, I implore you to call me whenever is convenient for you.

Again thank you so much for your dedication and care to make the best decisions regarding the implementation of measure 91. There are so many factors that make the job incredibly difficult, and you have stood up to the plate.

Co-Chairs & Committee, I thank you for taking the time to consider all testimony, phone calls, and emails for the patients.

I will be pleased to speak with you to further explain my opinions and answer any questions you may have.

Sincerest Gratitude,

Carmella Camacho  
Cell: 720-442-1611  
corporatcarmella@gmail.com