

Montana



YOUR Patient/Caregiver Resource for the Medical Cannabis Industry

Oct/Nov 2018



Montana Medical Growers Association

Montana Medical Growers Association
1st Annual Symposium
featuring Irvin Rosenfeld

We are Industry!

~Bringing Integrity & Credibility to the Medical Cannabis Industry~

You deserve nothing...

but the very best.

- ~ Extremely **Discreet** & Confidential
- ~ **Convenient** Locations
- ~ Wide **Variety** of **Top-Quality** Products
- ~ **Respected** and **Trusted** by Officials
- ~ **Private** Consultations with **Professionals**
- ~ **MMJ Permitting** Assistance
- ~ Limited Clients to Ensure **Personal Attention**



Call for an appointment today.



A Kinder Caregiver

NATURE'S SOLUTION

Bozeman
406-587-2335

Butte
406-782-4031

Billings
406-226-0273

~ www.akindercaregiver.com ~



Greetings

Welcome back faithful readers!

I am excited to report, the MMGA Symposium held Oct 11-14, 2010, was a great success! We put together a great educational seminar in just over three weeks and had Federal Patient #2 Irvin Rosenfeld as our guest speaker. Montana Connect co-sponsored

the event with the Montana Medical Growers Association. Be sure to read the follow up story this issue. It was a great time, folks learned a lot, and it was done very professionally and responsibly. I couldn't be prouder to help put on such a great educational event.

A lot of folks out there who object to Medical Cannabis, and even some proponents, do not know about the study regarding smoking done by Donald P Tashkin. Dr. Tashkin was paid by the Federal government to conduct a study to prove that smoking cannabis caused lung cancer. After a ten year study, what he actually found was that smoking cannabis did not cause lung cancer. In fact, it may work to help prevent it!

I cannot stress how valuable smoking is as a form of dosing for medical cannabis. It is a more measured dose, based on patient immediate need. A nausea patient can have a couple puffs, see if those helped and if so, stop. If not - a couple more puffs, until the nausea goes away. When someone has a compromised digestive tract it is almost impossible to keep pills down when nauseous, or enduring chemotherapy. Smoking avoids the entire issue.

Seizure patients many times have an "aura" - or something to warn them of an oncoming seizure. Smoking allows them to stop a seizure before it starts immediately diverting a series of painful repercussions typically experienced post-seize. If they have to take a pill and wait for the effect, they could have multiple seizures. Smoking is actually a more exact way of dosing with medical cannabis as the patient can stop when effect is felt, rather than being trapped by chemicals until they decide to leave your body. They can choose to what level of relief they need to get to, dependant upon how they feel.

Also in this issue, I am proud to present Patients Out of Time - a

group I personally consider to be the Mother of Medical Cannabis. You will find their introduction on our pages in this issue written by Mary Lynne Mathre. We will have a feature story from Patients Out of Time in every issue to help educate Montanans about Medical cannabis and it's benefits. We will also attempt to stay up on the most current science. I say attempt because there is a LOT going on out there!

In addition to adding Patients Out of Time as a regular feature we will also be hearing from Irvin Rosenfeld in every issue. Irvin brings a unique perspective. Being a Federal Cannabis patient for 28 years and fighting for Medical Cannabis for almost 40 years of his life gives him some experience to bring to our fight. It also brings a lot of credibility, as folks are regularly stunned to learn they have been paying for Medical Cannabis Federally for 33 years we can document. Yes - if you pay Federal taxes, you have been buying Medical Cannabis. Irvin and the other 3 remaining Federal patients are very grateful for it too. It has saved and changed their lives.

Speaking about changing lives, we want to know how Medical Cannabis has changed yours! We are always looking for patient success stories, and your feedback. It is important that we share our experiences and further our education in this wonderful world of Medical Cannabis. Please e-mail me at hiedi@mtconnectmagazine.com call me at 406-594-7932 or write to me at: Montana Connect PO Box 432 Lincoln, MT 59639-0432.

I truly look forward to hearing from you - and I hope you enjoy this issue.

Walk Proud Warriors!
Hiedi

Disclaimer:

Montana Connect Magazine would like to remind readers to be aware that the sale, possession and transport of viable cannabis seeds are illegal in many countries and particularly the USA. We do not wish to induce anyone to act in conflict with the law. Montana Connect Magazine assumes no responsibility for growth of these seeds where prohibited by law. Montana Connect assumes no responsibility for any claims or representations contained in this publication or in any advertisement. All material is for entertainment and educational purposes only. Montana Connect does not encourage the illegal use of any of the products or advertisements within. All opinions are those of the writer and do not necessarily reflect those of Montana Connect. Nothing in this publication may be reproduced in any manner, either in whole or in part without the expressed written consent of the publisher. All rights reserved. All advertised products and offers void where prohibited. Occasionally we may use matter we believe to be placed in the public domain. Sometimes it is not possible to identify or contact the copyright holder. If you claim ownership of something we have published we will be pleased to make a proper acknowledgement. All letters and pictures sent are assumed to be for publication unless stated otherwise. Montana Connect is not to be held responsible for unsolicited contributions. No portion of this publication can be reproduced for profit without the written consent of the publisher.

Advertising Policy Statement:

Montana Connect Magazine is not responsible for the actions, service or quality of the products and businesses advertised in this publication. We will not knowingly support unethical practices of any advertiser. If you choose to purchase a product from one of our advertisers, please tell them that you saw it in Montana Connect Magazine.

~ Pictured on Cover ~
Back left to right:

Ron Rosenthal ~ Brandon Tillett
Ed Docter ~ Chris Lindsey
Robert Sims ~ Grant Grenfell
Mark Sigler ~ Jim Gingery
Hiedi Handford ~ Irvin Rosenfeld

Ready to cash in on the “Green Rush”?

by Chris Lindsay

It isn't as easy as many believe

I have the chance to meet with lots of people who want to break into the caregiver industry in Montana. Some are from Montana, and others are from out-of-state. Misperceptions about the income potential and the law are everywhere. If you are thinking about entering this arena, here are some things you might want to know:

Its Criminal Activity

Running a caregiver business is an inherently risky thing to do. What you may call farming, the Federal Government considers criminal manufacture of a dangerous drug. http://www.projo.com/news/content/100-PLANTS_11-01-10_VBKFIIR_v50.2079ea1.html. Sure, there is a somewhat helpful memo from the Eric Holder, the US Attorney General. It says that the Fed will not pursue medical cannabis endeavors that conform to state law - but what does that mean? It means the Fed has other things to do right now. Does it make you legal if you conform to state law? No. Will the memo get you anywhere in a federal court of law? It will not. What can you do about it? Well, if you are not in conformity with federal law, you should start voting and affecting change in government.

You have to pay the people who work for you

If you “suffer a person to work for you”, that is, if you permit or allow a person to work for you, state law says you have to pay them money. More specifically, you cannot pay your employees in medical cannabis in lieu of paying them money. You have to pay in legal tender, not legal *tinder*. Why? Well, it's this thing called the Minimum Wage Act. If McDonalds could pay its employees in free Big Macs, it most certainly would try. The fact is that payroll is the biggest expense at most businesses and no one likes paying it – which is why there are rules for these things. Does it matter that these “Big Macs” we sell cost somewhere around \$300 per ounce? It does not. Why not? Because of number 3 in this list.

The government wants your money, not your cannabis

A very long time before caregiving became an industry, the government figured out that it could make money by collecting taxes from employers. In Montana, medical cannabis

growers and providers are no different. If you have employees, you have to pay them, and the government gets its cut in the form of payroll taxes. If you make an income, you also have income taxes to pay. It is a cliché but a true one that Al Capone didn't go to prison for killing people, but for evading taxes.

Worker's Compensation Insurance is not just a good idea

It is the law. And it's a good idea too. Why? If an employee is injured on the job and goes to the hospital, a claim will likely be made to the state for compensation. It is your insurance policy that pays for the medical bills. If the state finds out you did not have insurance, it will pay the bill out of a fund called the Uninsured Employer's Fund, and then the UEF will sue the living daylights out of you the employer - and so might the injured employee. It is a devastating set of lawsuits, and will crush a company caught in the crossfire. It doesn't take much for an injury to rack up a tremendous medical bill, and whether or not you as a caregiver ever made a dime at your business is irrelevant, because doctors and plaintiff's attorneys know there are millions of dollars just sitting in the UEF waiting to be taken. They will get everything they can out of the UEF, and leave it to others to fight over the scraps.

Crop insurance

Insurance plays its part in practically every industry. If the Sony plant is robbed, Sony doesn't send letters out to its base and hope customers don't leave while it ramps up production for three months. It files a claim for insurance in order to keep paying employees, rent, power, taxes and all its other commitments. Now that there is such a thing as a medical cannabis industry, there is also property insurance for such companies. Sooner or later, you will wish you had it. Whether its spider mites, theft or a cease and desist letter, unpredictable and devastating things can and do happen. Is the business resilient enough to withstand the loss of revenue?

For most growers, one plant will not grow 1 pound of marijuana

Such projections are common among newbees, and respectfully, they are almost always wrong. Based on a recent survey by the MMGA, medical cannabis growers typically see a yield between 2 and 8 ounces. Most often, caregivers produce somewhere between 3 and 6 ounces per plant. Before you attempt to get a loan, hire staff and purchase

equipment based on your revenue projections, do you actually know what you can produce? Nothing silences like experience.

You won't always like your business partners

It's been said that 50% of marriages end in divorce (see <http://www.divorcerate.org>). Now keep in mind these people like each other so much they are willing to sleep with one another, which is more than most of you can say about your business partners. Like in any marriage, there will be tough times at your business, and your organization needs to be resilient enough to withstand the disagreements when the honeymoon is over. Understanding what each of you brings, what you expect to get out of the deal, what your roles are, and when and how much you get paid is critical to keeping everyone happy during the hard times. *Get an agreement while you all still agree*. Once the divorce starts, it's too late to get the prenuptial.

Your employees will rob you

Employment and security experts often estimate that 25% to 40% of employees steal from their employer (see <http://www.referenceforbusiness.com/small/Di-Eq/Employee-Theft.html>). In a small business, the number is likely higher because employees are more trusted, tasked with multiple duties and carry a great deal of responsibility, which translates to more of a sense of entitlement than in other jobs. That adds up to both the means and the will to steal from you and from your patients. How hard would it be for an employee to take some buds during a trimming session, or out of inventory? Or take a cutting from the veg room? In the early 90's it was estimated that 1 out of 5 businesses failed because of internal theft. In several cases I am aware of in which break-ins occurred, the criminals who stole from caregivers knew the exact timing required and the exact location of the goods sought. In fact, I am not aware of any break-ins that did not sound like inside jobs initiated by patients, employees or both.

Most people think you are rich

The perception is that caregivers are legal dope dealers and therefore they must be rich. Let's face it, most caregivers believe they will turn a profit after their first harvest. Few if any do. In my own experience, it is a nearly universal belief outside the industry

See GREEN RUSH on pg 11

Medical Cannabis- Buy Local, Stay Local

by Madeleine Laurence

There's been a lot of economic attention to the idea of buying local over the last few years. The American landscape has been heavily altered by big-box stores such as Target and Wal-Mart and Shopko. Often, in smaller towns or more depressed areas, big-box retailers are hailed as a saving grace, something that can bind together a tiny community and even act as an engine for growth in that community.

Generally, it doesn't turn out that way. According to the Institute for Local Self-Reliance, when a Wal-Mart opens its doors in a new county, that community typically loses approximately 150 jobs as preexisting businesses downsize or close their doors completely. In addition, local retail wages drop by between 0.5 and 0.9 percent. It is often cheaper to shop at a big-box store, from the perspective of the individual pocket, but the hidden costs to the community add up fast.

Medical cannabis, by its very nature and also because of the strict prohibition on interstate commerce, is and can continue to be a fantastic weapon for local economic growth. Because of Montana state law and because of continued Federal prohibitions, Montana medical cannabis growers essentially cannot spend money out of state, but must remain in their local economy.

Recent studies, including one from the New Economics Foundation of London, strongly indicate that spending money at your neighbor's business instead of a big-box national chain gives your dollar about twice as much bang for its buck. Roughly speaking, if you buy a pack of gum for a dollar at Safeway, Safeway will spend about 16 cents of that dollar within the state and take the other 74 cents and hightail it for the

border. On the other hand, if you spend that dollar at employee-owned Town and Country, T&C will recirculate approximately 32 cents on the dollar by spending it within the community on things like advertising, employees, and operational costs.

For example, CCofMT, a grower in Livingston, spent approximately eleven thousand dollars between January and August of this year. The majority of their operating expenses went to Dr. Greenthumbs, Ace Hardware, Kenyon Noble, and Murdoch's, which are all based in the state of Montana. According to the NEF, that means CCofMT has increased local dollar circulation by about \$3500 in the last eight months. One clear indication of this tangible benefit is Dr. Greenthumbs, which opened in October of '09 in Livingston and employs four people, in a town where at least a dozen local businesses have closed their doors in the last year.

Montana so far has been spared the worst recessionary woes the country has to offer; unemployment is up, certainly, but 7.4% is a far cry from Nevada's 14.4%. And so far Montana has managed to avoid a state budget deficit, although that is projected to change. According to the Center on Budget and Policy Priorities, Montana is projecting a shortfall of \$169 million for fiscal year 2012, or almost 10% of the current state budget. Compared to the state of California, which is currently searching under the couch cushions in hopes of finding an extra \$25 billion or so, Montana is in relatively

good shape. But generally speaking, if you look under the couch, two bucks is a good score, and as a state we should be focusing on creating new industries to generate revenue, rather than scrounging for change and putting off fixing the car.

Medical cannabis isn't the only economic solution to the global recession. That's a much larger problem, and so far all the long-winded books out there haven't seemed to put anybody back to work. But according to current research, the best way to have a healthy economy seems to be to think small, think local, and put your money in your neighbor's pocket instead of some stranger on a board that just decided to outsource your job to India.

As Montana moves forward, we as a state and as individuals must consider all of our alternatives to ensure that this state remains a beautiful, profitable place to live, to raise our children, to hike and ski and run our dogs. Medical cannabis can be an important part of this process, and medical growers and patients must take a central place in this blossoming industry, to advocate for proper access, regulation, and taxation. As growers and patients we have to be involved and vocal and passionate about educating our neighbors, vendors, and representatives about what we're doing and how it benefits the community as a whole. We know what we're doing is good for patients, good for growers, and good for the state. It's up to us to get the word out.

Missoula, MT.



FAT HIPPIE LLC
A FRIEND INDEED

406/207-2720 fathippie@live.com

Find me on
facebook
Look for:
Montana Connect



Jimmy I Green Thumb
Montana's first of its kind general contracting company that specializes in the construction & service of indoor grow rooms

www.NeverHaulWaterAgain.com

**BUILDERS, ELECTRICIANS,
PLUMBERS & GARDENERS**

Specializing in
Greenhouses
H2O Treatment
Irrigation
Carpentry / Framing
Hydronic / Radiant Heating
Audio/Visual & Computers
Electrical
Fans
Heating & Furnace Systems
Home Security Services

(406) 871-9262
OR
866-983-3444

Ballasts - Complete Systems - Reflectors - Lighting
Nutrients & Supplements
Pesticides & Disease Control - Growing Media
Propagation - Trays/Reservoirs/Grow Systems
Pumps - Environmental Controllers/CO2
Fans/Blowers/Ducting - Air Purification
Hand Tools - Sprayers - Growing Accessories
Reflective/B&W Films - pH/EC/TDS Meters &
Solutions - Timers & Instruments - Pots/Containers

HydroLogic
FLO
AGRATECH
Fertilize Responsibly™

CORNICOPIA
Grow Your Own!

MASTER ELECTRICIAN
Lic. #7342EM

Medicinal Cannabis Success Stories

My Trip to Montana

My name is Irvin Rosenfeld and I am the longest surviving of the four Federal Medical Cannabis patients in the United States. As such, I have traveled to many states helping in anyway I can to further the use of Medical Cannabis.

I get a lot of calls asking for my help, but because of my full time job as Senior Vice-President of Investments for Newbridge Securities in Ft. Lauderdale, Florida, I cannot always get the time to travel. My clients, both small and large like me to be at my office making them money, but they do understand when I do travel to help. To that end, the people need to be credible, upstanding, organized, and caring.

One day, I got an email from a woman named Hiedi Handford from Montana asking for my help and possibly coming out to Montana in October. My first thoughts were Montana in October most likely would be cold and I'm sure there are no good flights from South Florida. My intentions were to help out in whatever way I could from South Florida.

I called her and she was thrilled that I took the time to contact her. I always try to call anyone who contacts me. However, I was not going to Montana.

Hiedi and I had a great conversation. She asked intelligent questions and gave me all the right answers to my questions. She told me about a magazine that she had put together called Montana Connect and was going to send me a copy to see for myself how well Montana was organized. Hiedi

told me about the Montana Medical Growers Association (MMGA) and what their purpose was. I was quite impressed, but I was not going to Montana.

Hiedi and I had several other conversations over the next couple days. Then her magazine arrived. I opened it up and thumbed thru it. Then I started reading the articles. I was quite impressed. She had done a first class job. That was when I started to worry about what was happening. I thought oh no, don't tell me that I might have to travel to Montana because these people are that good and they need my help. I knew that I could make a difference. However, Montana in October.

I called Hiedi to tell her what I thought of her publication. She again was very convincing about how much I was needed. I had other questions and she fired back the right answers. Damn her!!

I then told her that I was going to Portland, Oregon for the Norml conference in September. Hiedi told me that one of the directors of the Montana Medical Growers Association (MMGA) named Ed Docter was planning to be there. Aha, that will be my way out. I was sure that Ed would not be as together as Hiedi and I would not have the same feeling that I had to go to Montana to help out. I would find a way to stay in sunny and warm Florida and help.

I met Ed and damn it, he was knowledgeable, together, and was very caring for patients. He made it known how important it was for me to not only help, but that I needed to come to Montana to make the difference. That was when I knew that I was stuck. I just had to pack warm clothes.

Now, what was my trip like? It was one of the best experiences that I've ever had in any state I have spoken. The people were all fantastic. I got to meet people from all over the state, from all walks of life. These people were patients who needed their medicine just as bad as I needed mine and thankfully because of their state law, they were not criminals but patients. I want to make sure that their status remains the

same. Cannabis is a medicine that has helped me for over 39 years (28 years under the Federal Program) and I want to make sure that it cannot be taken away from them.

If it wasn't for the persistence of Hiedi, I never would have come. I am glad that she was so convincing. To all my new friends, from Hiedi, Jim, Tom, Chris, Ed, Tayln, Ron, Grant, JimmieOne, Dani, Jason G, Josh, Archie, Kimme, Rich and Jason S, Monica, Brandon, Madelaine, Charlie, Kathleen, and so many more who I cannot possibly name. I remember you all, thank you for such a great experience and being such great hosts!

Hiedi knows that every Saturday, I teach mentally and physically challenged children and adults how to sail. So on Saturday morning, she arranged for her and me to go sailing with Laurie on Canyon Ferry Reservoir. Hiedi thought of everything, including the weather which was wonderful almost the whole time I was there.

To the people in Montana, all of you are very lucky to be in such a wonderful, progressive state. Cherish and protect your freedom. Don't let one or two people spoil it for the thousands of true patients.

~From your adopted Montanan, Be well, Irv

Look for my book at www.mymedicinethebook.com

Find me on Facebook too!



Give us a call and see what CO2 can do for YOUR garden!

Bozeman Office:

103 Bridger Center Drive
Bozeman, MT 59715

1-406-586-5927

Service available statewide



Medical Cannabis in the Workplace

By Danna Goldhaber

A major consideration for employers and patients alike is the issue of medicating prior to or during the workday. Opponents of medical cannabis in the workplace continue to debate its use as legitimate medicine backed by a great deal of misinformation. They question whether an employee's ability to perform their job is adversely affected by the use of medical cannabis? If that is the case, then what if every employee taking a prescribed or recommended medication were prohibited from holding a job, how many people would remain employed? This bears the question....what are Human Resource professionals doing to better understand this complicated issue?

In October 2010, The Bozeman Job Service and the Gallatin Valley Human Resources Association held a medical cannabis workshop to educate and inform attendees on "medicating issues in the workplace" including laws, employee advocacy, information concerning medicated employees and more. Attendees included about 50 Human Resource Professionals and small business owners from the area, all looking for some direction on how to handle medical cannabis in the workplace.

Jim Gingery, Executive Director of the Montana Medical Growers Association (MMGA), Chris Lindsey, a practicing attorney specializing in medical cannabis cases and an MMGA Board Member, and Dr. Noel Palmer of Montana Botanical Analysis represented the medical cannabis community. Presentations were also made by Jim Nys of Personnel Plus, a human resource consulting firm, Rick Gale, a Clean Indoor Air Coordinator from the Gallatin County Tobacco Use Prevention Program and Greg Sullivan, Bozeman City Attorney.

Jim Nys reviewed both Federal and State laws regarding employment, discrimination, medical protection for patients, issues relating to the Americans with Disabilities Act and the Montana Human Rights Act. He also spoke about the need for patient confidentiality and issues of wrongful termination regarding medical patients and cautioned the attendees to be watchful of patient rights while considering work place safety and individual work performance.

Greg Sullivan, who participated with Gingery and Lindsey in this past summer's Work Group sanctioned by the Children, Families, Health, and Human Services Interim Committee,

addressed issues relating to medical cannabis in Montana. Supporting Nys' comments on how the medical cannabis industry has grown in the past 12 months, Sullivan agreed that changes were to be expected during the next legislative session. A main issue is where patients may consume their medical cannabis when outside of their homes. Sullivan commented regarding the Bozeman smoking ban and stated there had been no citations issued since its implementation, adding that the medical cannabis community had been extremely helpful in crafting and complying with the new City ordinance.

Rick Gale reviewed the 2005 Montana Clean Indoor Air Act which requires all enclosed public places and workplaces to be smoke free. Commenting on the issue on a personal note, Gale noted that the issue of medical cannabis required a different kind of thinking than when he served on the Drug Task Force in Los Angeles, breaking down doors with battering rams.

This was evident during an incident that occurred his first week on the job as the "Tar Czar" in Montana involved a medical cannabis facility where a complaint had been issued for odor. As he sat in the car waiting for the store front owner to arrive, he reflected how different things were now. He realized things had really changed when the owner invited him into the store front and offered to show him everything in the store and the proof that the store was compliant with state law. While there are still issues that need to be resolved, Gale said he was pleased with the direction things are going and acknowledged the awareness and cooperation of the medical cannabis community.

Jim Gingery, Executive Director of the MMGA, picked up on Gale's comment regarding the need to think of things differently. He started by stating that the medical cannabis industry is attempting to change the way everyone looks at the issue starting with no longer using "marijuana" but using "cannabis" instead. Marijuana is an old street name for illegal "cheap Mexican tobacco". Medical cannabis is very different from the common

"street" version as there is scientific proof for how the medicinal cannabis plant can help some patients. Advancements in biological testing of medical cannabis have assisted in the development of specific strains for the treatment of certain diseases and ailments.

Gingery stated that current testing methodologies used by many employers do not accurately measure if a patient is under the influence. Testing is flawed as it cannot determine if the patient medicated that morning or as much as 30 to 60 days prior to the administering of the test. Gingery cautioned that utilizing these tests could result in an employee being unfairly disciplined or terminated.

An article addressed to the group was shared about Irvin Rosenfeld, a federal patient who, for 28 years, has consumed medical cannabis every day for his medical condition. Mr. Rosenfeld is a Senior Vice President of Newbridge Securities and handles millions of dollars of holdings for his clients and smokes 10-12 cannabis cigarettes per day. This is a positive example that a patient can medicate with cannabis and be a productive employee.

Dr. Noel Palmer of Montana Botanical Analysis explained why patients using medical cannabis could likely perform even better following medicating depending upon their job requirements. Medicinal cannabis plants contain cannabinoids, such as THC and CBD, that each offer different attributes for treatment of some medical conditions. These cannabinoids interact with those naturally occurring in the body and offer relief to the patient. Palmer stated that many patients are now requesting cannabis strains that are lower in THC and higher in CBD to increase the therapeutic affect while decreasing the psychotropic affect.

The attendees were surprised to learn that each of them was born with natural receptors to the cannabinoids in the cannabis plant called endocannabinoids. One person asked, "Do we have marijuana already in our body?" Dr. Palmer went into more detail about the

See **WORKPLACE** on pg 11



One of Your Garden's Worst Nightmares

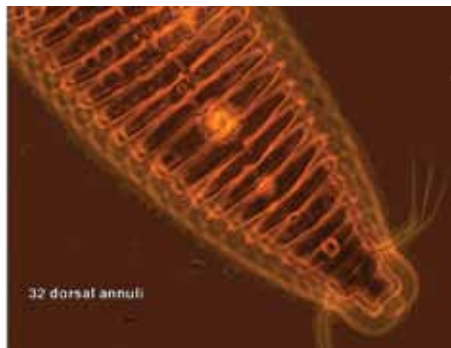
Russet Hemp Mite

There's a new pest in town and it may be lurking in your garden. This little known or studied mite is called *Aculops Cannabicola*. It is part of the hemp russet mite family and it will completely devastate your crop if it is present. The symptoms of this mite infesting your garden typically look like nutrient issues and its near microscopic size makes it nearly impossible to be seen with the naked eye. Studies are limited on this mite because research on this mite wouldn't have been financially feasible or government funded. There was not a cry out for help with this mite. In each case studied however, treatment options were grim at best.

Aculops Cannabicola is just one species of mite out of over 3600 (this number is estimated at being a fraction of what the researchers believe actually exist) that are currently known and recorded. Mites are NOT insects. Mites are closely related to ticks and spiders so they often react differently to insecticides or other means of chemical control typically used on insects. It is unknown how long *A. Cannabicola* eggs can lie dormant. Its life cycle runs about 30 days. It is highly mobile, and will quickly spread between plants that are

close to each other. They move up towards the top of dying plants where they can spread through air or water. A *Cannabicola* is cannabis specific, and will feed on all kinds of cannabis including European fiber. It will attack your garden by feeding on leaves, petioles (the small stalk attaching the leaf to the stem), meristems (these are tissues found in all plants consisting of undifferentiated cells - a plant version of stem cells), inflorescence (the reproductive portion of the plant) of both sexes and on glandular trichomes, severely reducing resin production. They selectively feed on pistils, rendering your female flowers sterile.

So what do you look for? Symptoms in your plants will be an initial curling of the leaf



followed by russetting, or canoeing. Leaf stems become brittle and will easily break off followed by Chlorosis (yellowing) and death.



How do you eradicate this mite? First of all, if you suspect you may have this mite, get a sample identified and verified. Once your plants are infested, it is only a matter of time before they completely devastate all aspects of your grow. They are found on seeds, clones, vegetative and flowering plants. There are no known biological or chemical controls for this pest at this time. Some researchers suggest

documenting strains that seem more resistant to this mite as the only method of control. Karl Hillig, a known cannabis researcher who was involved in the only known greenhouse infestation of Indiana University in 2003, explained he was never able to completely eliminate *A. Cannabicola* from his gravel floor greenhouse, even after destroying all plants and fumigating the structure.

Don't despair however, there are a few promising avenues being studied currently at our facility. We have been in touch with several top scientists in entomology and interested state departments and private researchers. We are trying to nail down a standard procedure for handling this mite which we believe is being spread across

the states and could potentially have a devastating effect on the medical cannabis industry. With the increased acceptance of cannabis being used medically we as an industry are going to see an increase in the exposure to pests and diseases. We need to communicate as growers with each other in order to protect our industry.

In future issues of Montana Connect we will continue to publish our findings and hopefully some statistics from other cases that are identified. We are all pioneers in a virgin industry and we will all face challenges never encountered here in the states, especially with changes that have come about with growing cannabis. For additional information please contact Montana Advanced Caregivers in Billings (406) 656-0026 or e-mail montanaadvancedcaregivers@gmail.com.

Editors Note - Montana Advanced Caregivers was our Featured Caregivers in the August issue. Shortly after our visit to their garden they discovered this mite, and had to destroy their entire garden in the interest of protecting their clients from this mite. Montana Connect will continue to follow and feature Caregivers of this caliber in the interest of promoting safe medical cannabis for all patients.

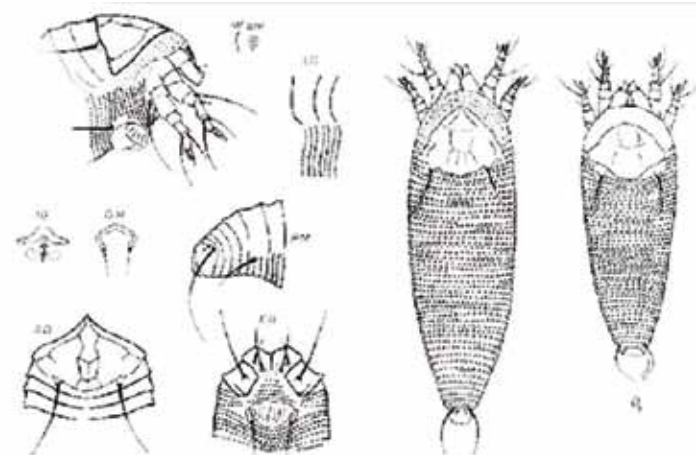


Fig. 1. *A. cannabicola* (Farkas) : AD antero-dorsal; AL: antero-lateral; CG: coxal-genital region; em: empodium; GM: male genital region; IG: internal genitalia (female); LO: lateral opisthosoma; PM: postero-ventral. Fig. 2. D1: Dorsal view of nymph; D2: Dorsal view of larva w- salendium.

Mold Prevention

By Randy Stewart

Mold has been around forever, and is a necessary part of the environment. Mold breaks down dead organic materials, leaves, grass, wood, paper, etc. into nutrients for the soil. Like plants, molds need water and food, i.e. - dead organic matter. Unlike plants, mold needs oxygen to live. All of these conditions are outside and inside, except water. If you have a mold problem, you also have a water/moisture problem. Since Medical Marijuana and mold both thrive in high humidity this might be an issue. Whether you are building a personal grow facility, or are a provider and are building a commercial facility, local building codes must be followed. Properly installed plumbing will prevent plumbing leaks. Roofs that

leak do not meet code and are responsible for many invasive mold problems, as well as leaks around doors and windows. Any penetration into the building envelope is a potential for a water intrusion/mold problem. Insulation is key to prevent moisture in warm air from condensing on cooler surfaces. Air circulation as well as ventilation is also important. Old stale air must be exhausted to the outside, and fresh air must be brought in. If heat loss is a factor, there are "air to air heat exchangers" available that transfer heat from the outgoing air to the incoming air. If your grow room is built indoors, the building envelope and insulation is not as critical, but air circulation and ventilation is. For more information on indoor facilities, Grant's Home Upgrades has built several.

Since this is about molds, for educational purposes and not to create panic, toxic mold should be discussed. First there are multiple types of mold, and they only produce toxins at certain times, under certain conditions, and only affect certain individuals. However nobody knows who can be affected, and the symptoms are varied and can be very severe. Best advice: Prevent water leaks/ intrusion and moisture/ condensation and remove any dead plant matter in the grow room.

For the do-it-your-selfer that likes to go to the forest and gather your topsoil, be careful. There is no better topsoil

than what Mother Nature can provide from the forest floor, but the most destructive wood-decaying fungus known by experts today lives there. Poria (Meruliporia Incrassata) is known as the "house killer" mold. Poria differs from most molds in that it forms a root-like system called rhizomorphs, that bring water from damp or wet soil to the mold feasting on the dry wood inside the dead tree (or house). The roots use capillary action to transport the water to the dry wood. Even professional suppliers of topsoil and mulch have accidentally brought this mold in on property. Always exercise caution and cleanliness in your garden.





Tree of Life

MEDICAL MARIJUANA CARD EXAMS

WE HELP YOU APPLY FOR OR RENEW YOUR MEDICAL MARIJUANA CARD

CONFIDENTIAL PRIVATE DOCTOR APPOINTMENTS

406.579.0343

CAREGIVERS AND PATIENTS WELCOME

MEDICAL MARIJUANA CME AND/OR EMPLOYMENT OPPORTUNITIES AVAILABLE FOR DOCTORS



WEBSITE COMING SOON

GOT PAIN? GET CONNECTED

CANNABIS CONNECTION CAREGIVERS

Alternative Pain Management

"Providing High Quality Medical Marijuana to Qualified Patients"

FREE
Delivery

406.599.8385
Bozeman, MT
cccaregiver@gmail.com

Now Accepting
NEW
Patients

Serving Southwest Montana

All New Patients Receive 1/2 oz of Medicine FREE

ALL TOP QUALITY STRAINS

\$250 oz. \$125 1/2 oz. \$65 1/4 oz. \$10 gram

COMPASSIONATE
CONFIDENTIAL
CONSISTENT

Grow Room Safety



Hi! My name is Grant Grenfell and I'd like to discuss some of the options and issues of grow room safety that face those growing the good herb for themselves. The main topics that I will mention are: surveillance, alarm systems, fire protection, electrical, and ventilation.

Surveillance systems are great to have. To have the ability to see what's going on in or around your growing area without physically being there can give you peace of mind and possibly save you from a dangerous encounter. Some surveillance systems work off the internet to where you can view a live feed from wherever you may be; via computer, cell phone, or another similar device. Systems range greatly in features and price depending on your needs.

Alarm systems are good by themselves or used in conjunction with a surveillance system. A good properly installed alarm system will not only let you know, but any neighbors close by as well, that someone is somewhere that they don't belong with an annoying, loud piercing sound that is activated by motion sensors or window and door alarms. Some alarm system companies offer a complete package of surveillance systems and alarm systems that are all integrated. There are quite a few options to choose from so take your time and do your research.

Then there is good 'ol Fido. A good dog, with a loud bark has worked for a long time and is very cost effective. Plus you end up with a close friend in the end. Cats are pretty much useless in this area, unless you have a lion.....nobody messes with a lion.

Fire prevention is an issue of great importance. Everyone should have a way of putting out a fire in or around their growing facility should a fire happen. This can range from a fire extinguisher mounted in an easy to see and access area, to all out sprinkler systems. There are self-contained systems such as Flame Defender which are an effective and cost efficient solution that

I have recommended to many people. Once again do your research and get the proper type of extinguisher and flame retardant for your application. Part of fire prevention consists of proper wiring and electrical usage. Keep wires and electrical cords off the ground so you don't trip over them or pull something down on top of your plants or yourself. It's important to know how much power each of your devices use so that you don't overload outlets which will (should) trip a breaker or could cause a fire especially with old wiring and antiquated fuse boxes being used. Try to keep water away from outlets. It is always recommended to have a certified electrician inspect your wiring and breaker box to make certain everything is done properly and up to code.

Ventilation can also become a safety issue, especially for those using mass carbon dioxide. Having proper ventilation for exhausting old air and bringing in fresh air are critical not only for your plants but also for you. Some people use high levels of carbon dioxide at night to kill unwanted pests without killing the plants. High enough levels of carbon dioxide can also end up killing your plants AND you. The carbon dioxide levels must be extremely high to cause

a fatality, but it has happened to people in the past in many different circumstances. Do not take any chances. There are many companies out there such as General Distributing, Sentinel, C.A.P., etc. that manufacture devices to monitor the levels of carbon dioxide and even turn on and off the flow of carbon dioxide to the desired level. Knowing your levels of carbon dioxide will help prevent any health risks to your plants and you.

Ventilation also helps with mold issues. Getting rid of old air and replacing it with fresh air in a consistent manor along with oscillating fans to create air movement throughout your facility will keep certain types of mold from being able to grow. Of course temperature and humidity levels play an important part in mold control, but that is an entirely different subject.

I hope this offers a little insight to what you can do to make yourself and your growing area/facility safer for you and those around you. If we as medical cannabis providers don't take the steps necessary to properly, safely, and securely operate our businesses how can we expect those around us to take us seriously, legitimately, and feel safe themselves?

Department of Agriculture Recap

As the moderator of the Department of Agriculture breakout, I would have to say a lot of things need to, and will be, worked on as the industry continues to evolve in the state of Montana.

The representatives from the Department of Agriculture were very informative. Amy Bamber is the Technical Services Bureau Chief and has worked with the department since 2003. Her main responsibilities are registering pesticides, application licensing and enforcement compliance. Beth Eiring is the Nursery Quantitative Specialist and has been with the Department for the last 3 years. Her main responsibilities are the health of the nursery stock in the State. She also oversees plant material moving around the State and across the state line.

They both presented the facts; mainly that no pesticides/fungicides can be used on cannabis if it has an EPA registration number on the labeling. Products that are labeled 25b are, in the words of the Department of Agriculture, better but still not technically allowed. Best

management practices are all the industry has to work with when it comes to pests and diseases.

They also explained who needs a license and how licensing revolves around the level of sales for an individual business. Further information on this may be obtained by visiting <http://agr.mt.gov/crops/nursery.asp>. The Department is also in the development phase of a division that will oversee the inspections of grow rooms.

They were also forth coming by stating that the Montana State University is already positioned itself to do research on cannabis and the applications necessary to treating the plants for pests and diseases.

The breakout was also highlighted by a detailed discussion on the hemp mite. The Department of Agriculture currently has very little information on this mite but explained in general terms the processes they use to quarantine nurseries if a bug like this were to show up.

Charlie Gaillard
Director
Bozeman Chapter

Green Rush Continued from Page 4

that caregivers are getting wealthy, and within the industry caregivers still feel like they are struggling to turn a profit. Why the disparity? Because of number 10 in this list.

Its more expensive to be a caregiver than you think

How expensive can it be to grow a weed? It turns out, very expensive. One of the largest caregivers in the state operates on the assumption that it takes about \$1500 per patient in startup costs, and approximately \$250 to \$300 on a monthly basis, once payroll, taxes, insurance, power, rent and all the other expenses that aren't typically found in a basement grow op are added up. If that is true, and if you charge \$300 per ounce, that means you need to produce and sell 5 ounces to that patient before you can recoup your initial costs, and at least 1 ounce per month just to meet your monthly expenses to maintain the grow for that person.

You will be treated like a second-class citizen

Banks are suspicious that you are laundering money; they won't loan you any money, and they may not want you to have an account with them at all. State law enforcement assumes you are selling out the back door, and this is all a big front for something illegal. Lawyers (often) have no idea how to advise you and may not want to advise you at all. Most credit card companies want to charge you outrageous

Workplace Continued from Page 7

endocannabinoid system in the human body which explains why cannabis is such as significant treatment option for some patients.

While medicating in the workplace remains an unresolved issue for most employers, the consensus is that Human Resource professionals should focus on the individual job performances of all of their employees.

The best "medicine" for medical cannabis patients is to meet the standards of performance for their jobs and follow the same guidelines as any other employee.

Danna Goldhaber is the co-owner of Town Center Media Marketing and Research, Ennis MT. Questions, comments, and suggestions can be directed to Danni at towncentermedia@verizon.net.

percentages for sales. Landlords jack up rates because, like everyone else outside the industry, they think you are rich – or you will be.

There may not be an industry after the next legislative session

There are groups that want medical cannabis gone from the state. Others want to tax it directly (in addition to payroll and income tax), or institute restrictions on the number of patients you can serve, where you can go, who can grow, how much you can have, and they also want to make it harder for patients to get registered with the state. There are few certainties out there right now, and many in the industry are operating on the assumption that the voters (and by extension, the politicians) will see the sense in forging a set of regulations to allow the industry to continue.

Sound daunting? Caregiving in today's world is more labor of love than a get-rich-quick scheme. It is expensive and being treated "like any other business" means taxes, regulations, and includes the additional risk that the Federal government will decide not to look the other way any longer.

That said, there clearly is an industry out there and it is clearly growing (no pun intended). According to figures produced by the Department of Public Health and Human services, there are 23,613 patients out there in Montana, and 73% of them are being served by caregivers who have 5 or more patients – those I would typically consider commercial. What the future holds in store will depend on the governments that affect those in the industry. Governments have a great many tools with which to exert control, and we have essentially one: the power to vote and participate in government. Use that power and make it count - for your own sake and for the sake of your enterprise.

CannabAnalysis Laboratories

- Cannabis Analysis
- Cannabinoid Quantification
- Quantified Tincture Production
- Quantified Medible Production

"Partnering with Montana growers to provide patients with the highest quality medicine available."

Missoula, MT • 406-531-6726
CannabAnalysis.com

The Unconventional Foundation for Autism
uf4a.org



UF4A.org is quickly becoming a leading advocate in the fight for nationwide investigation, research and analysis of the legalization of Medical Marijuana, in accordance with similar terms & conditions set forth by The California Compassionate Use Act. Contributions will directly help support the advancement of the UF4A's mission.

Mieko Hester-Perez
Executive Director
205 S. Broadway #202
Los Angeles, CA 90012
213.482.1010
213.482.1011 (fax)
mieko@uf4a.org
www.uf4a.org

We need your tax-deductable donations of any amount please send to:
The Unconventional Foundation for Autism



Guest Opinions



Kate Cholewa

The Purpose of a Legislative Hearing

A common misconception about legislative hearings is that their purpose is to provide a venue for citizens to share their thoughts and feelings about an issue, a piece of legislation, or a provision within a piece of legislation. But the more sophisticated objective is not about you sharing your perspective, it's about inspiring or influencing the thoughts and behavior of those to whom you are speaking, meaning legislators, of course, but also the public through the media. It's a subtle, but significant, difference.

When a coalition is functioning as a machine, a hearing is an orchestrated program you're putting on for the committee and the press. It's the telling of a story. Each person that testifies is telling a story and the group as a whole is telling one, too. Approaching a hearing this way is useful because stories are easier for people to understand and remember than a splatter of disjointed points of view.

Ways to Be Part of the Story

In presenting to a legislative committee, a coalition often considers the order information should come in so that the listeners can make sense of it. So, the objective is for each speaker to build on or augment what those who came before said. In structuring testimony for hearing, therefore, it is the case that a group will "line up" their speakers and put up front:

1. the covering of the nuts and bolts of the

legislation (it would not be unusual that some of those on the committee haven't read the bill)

2. the providing of a philosophical framework (with an issue like cannabis in particular where people know so little, this can be important)

3. a well-prepared personal story that sets the stage for policy

Such tasks need attending to within the first three to five people that testify so that the groundwork is laid so that legislators have a context in which to organize in their minds the information to follow.

Following the laying of the groundwork, the coalition may choose to organize even further the next people to testify – the constituency groups and individuals who are communicating to the committee why a piece of legislation (or a provision within it) is useful or detrimental to an objective. These people are often using their testimony to flesh out with concrete examples what earlier speakers brought up.

In providing a concrete example, instead of asking for compassion, one should tell a story that inspires compassion. (A story that truly inspires compassion doesn't even need to use the word.) Instead of saying "this is helping people" tell a story of how cannabis specifically helped someone. Instead of saying "these are jobs" tell the story of someone who was in financial straights who created stability for his or her family through the economics of the medical cannabis market. Instead of saying something's unfair give an example of how a provision would lead to a way of functioning that doesn't serve patients or the efficient functioning of an industry.

If you'd rather just provide a general statement (Please, be compassionate) make it one sentence. It waters it down when one takes a simple idea and says it four different ways. Simple statements can help a hearing move at a clip that keeps people listening.

In fact, keeping a hearing moving at a clip is critical. Two minutes is a big chunk of time during a hearing. Time yourself. Find out what 30 seconds feels like or one minute. Remember, the hearing is a story unfolding. Who wants to listen to a story where you hear the same thing over and over? Agree with those who came before you if your point has been made. And, most definitely, know what you're going to say before you get up there. Reading your testimony is fine, if that helps keep you focused. Stream of consciousness comes off

terribly in this setting.

And, be mindful of tone. Stories are interesting. Lectures are boring and turn people off.

So, build the story. Create the case. Do it with many people exemplifying different dimensions of the story. Yes, there may be divergent opinions within it. Who knows? We might have someone get up on a certain provision and give an excellent example of why it doesn't work and also have another person get up and give an excellent example as to why it does. The point is to be giving excellent examples.

The story the anti-medical cannabis forces are going to be telling is one of stoners, drug dealers, endangered children and communities, and ruined lives. Theirs is a story of bad things. Ours is a story of good things. Theirs is an old story, a familiar story. Their story is easier for many to take in. This means our story has to be clearer because it is new and unfamiliar. Our story has to be one that people can see themselves in. Our storytellers need to be people who can overcome the prejudices of the listeners.

When you get up there and say you grow or utilize medical cannabis, there will some legislators who instantly see you as a sketchy character who will say anything to justify your illicit way of life. That's what you're facing before you even open your mouth. This means, you have to blow them away with your dignity and excellence.

Remember, there's nothing to defend. There's information to provide. The information and truth of your examples serves as your defense, not your personal indignance. Use your integrity, not your self-righteousness, as your center of gravity.

Excellence is the minimum standard we need if we are to succeed.

So, we do it.

~Kate Cholewa worked as lobbyist and policy wonk for twenty years. She tried to get out. The medical cannabis issue drew her back in. She's served as a commentator for MT Public Radio and has spent the past year writing and politicking about the cannabis issue in three states. She blogs at cannabisandculture.com.

Log on to:
www.mtconnectmagazine.com

MMGA hosts First Annual Meeting and Symposium

The Montana Medical Growers Association held its first annual meeting and symposium October 10th and 11th at the Red Lion Colonial Inn in Helena. The theme of the event was “no patient left behind” and featured panel discussions and training seminars. The entire symposium was designed to offer education to supporters and skeptics alike on the importance of medical cannabis, how it helps patients and useful business strategies. The two-day event, produced in conjunction with Montana Connect Magazine, was free to the public because of financial donations by caregivers and dedicated supporters of medical cannabis and drew over 250 people. Sessions included educational seminars on the basics of running a medical cannabis business, the science of cannabis, why medical product should be tested, and the best means for communicating with patients, the press, and the general public.

The symposium began with Jim Gingery, Executive Director of the Montana Medical Growers Association reviewing the mission of the MMGA and all of its accomplishments and challenges during the first year of the trade association. The most challenging task the Association has faced was attempting to get everyone, including the medical cannabis community, law enforcement, city officials and the public at large, to think differently about medical cannabis. During the Children, Families, Health and Human Services Interim Committee hearings on medical cannabis this summer in Helena, Gingery committed to providing training, instruction and guidance to the caregiver community as a precursor to potential continuing education credits that may be required in the future. This symposium fulfilled that promise.

The medical and scientific community continued to come together in support of medical cannabis. The first panel discussion of the event included Irvin Rosenfeld, a federal medical cannabis patient for 28 years, Dr. Chris Christensen, a Victor physician, and Dr. Noel Palmer of Montana Botanical Analysis in Bozeman. The panel reviewed why cannabis is an excellent medical alternative for some patients, how cannabinoids, the active ingredients in the cannabis plant act as a homeopathic treatment, and the function of the endocannabinoid system in the human body. An alternative delivery system seminar later in the day featured Dr. Palmer and Rose Habib of Cannabanalysis Labs in Missoula along with Vaughn Hershycorn who produces sundry products and Tim Williams of Montana Cannabis, a master chef. Patients do not have to smoke cannabis in order to benefit from the cannabinoids in the plant. With edible products able to be dose controlled and sundry products



Irvin Rosenfeld, Mary Caferro, Tom Daubert, and Dave Lewis sit in on the Legislative panel at the First Annual MMGA symposium.

produced with proper labeling, the alternatives for patients have increased dramatically.

Irvin Rosenfeld, Senior Vice President of Newbridge Securities Corporation in Ft. Lauderdale, Florida, also served as the keynote speaker. Mr. Rosenfeld focused his keynote on the importance of hemp production in the United States and how and the why the government doesn't educate their own employees about the virtually unknown Federal Medical Cannabis Program. He also discussed how parents can deal with children with devastating disorders.

The first evening ended with a tribute to Scott Day and Robin Prosser, two patients who helped to move forward the medical cannabis movement in the State. The first annual Compassionate Care Award was presented to Tom Daubert, a long-time advocate of Patients and Families United. Mr. Daubert was instrumental in the drafting of the current Initiative. Irv Rosenfeld was also awarded with a plaque for his invaluable insight and overall contribution to the symposium.

The highlight of the second day was a legislative forum to discuss the potential changes in the Montana Medical Marijuana Initiative in the upcoming 2011 Legislative session. Moderated by Jim Gingery, Executive Director of the MMGA, the panel included Irvin Rosenfeld, Senator Dave Lewis (R-Helena), Senator-elect Mary Caferro (D-Helena), and Tom Daubert of Patients and Family United. In an unprecedented display, a number of candidates running for various political offices in Montana joined the panel to discuss their

views on medical cannabis and their opinions on the current law and the proposed draft legislation.

Representatives from the Montana Departments of Labor offered a presentation on the responsibilities of caregivers for the employees that they hire. Attendees were guided through the intricacies of Workman's Comp and Labor Standards. A separate session featured members of the Department of Agriculture's Nursery Program who discussed not only the State's program but also gave information on the use of pests and pesticides and informed the group of a particularly devastating new threat, the hemp mite. (See article included in this issue)

The symposium ended with a general legal seminar in which several attorneys from across the State discussed updates on the latest cases in the news and what the future held for legal ramifications of the medical cannabis industry.

The event drew interest from television and newspapers across the State and two national documentary film crews. The seminars and lectures of both days were broadcast live via the Internet to those who could not attend in person. Video of these sessions can be seen by visiting www.hotboxpodcast.com. Be sure to go to their YouTube channel to subscribe and see the videos.

Planning for next year's meeting and symposium is already underway. Anyone who wishes to participate or assist in planning should do so by sending an email to info@montanamedicalgrowers.org. Details of upcoming events are available at www.montanamedicalgrowers.org.

Compassion Starts Here

by Hiedi Handford

“It was a subtle infiltration” was the answer. The question was a surprising one to be able to start with. “Just how did you work your way into the hospital?”

Ron Rosenthal relaxed back in his chair in his office. We were in Canyon Creek Caregivers in Helena and Ron was still dressed in his hospital blues.

“It wasn’t as hard as you would think, since I have worked in the hospital for over seven years, and have been a professional for almost 20 years. I have developed respect where I work, and they trust my decisions. I also grew up in Helena. I have a long history within my community, a good history”

Ron’s relationship within the hospital is most certainly an interesting one. When he decided to “out” himself to his co-workers regarding becoming a Medical Cannabis provider, he did it in the best way he knew how. “I put on a suit! I put on a suit, and made up a plate of cookies, and went to each person individually. We sat down, had a snack, and I explained what I was doing, who I was helping, and why. I actually met with very little resistance.”

To clarify matters here, Ron never works with clients or dispenses Medical cannabis to his patients in or on hospital property. He is very respectful and mindful of hospital rules and practices. He takes the statement “Do No Harm” very seriously and would never do anything to intentionally hurt his patients, or his employer. “Being in this environment for me is very special. It gets me closer to my clients in a time when they may need me. We develop very close relationships. Many of them are in the hospital frequently for their conditions and I make it a point to go visit them, and be sure they are doing well. Give some support when they need it.”

It is quite apparent Ron has developed some very good relationships with his client base. As patients come and go throughout the afternoon each is greeted with a smile, and asked how they are that day.

One client is having a bad day, and they want to try a new cannabis



strain to see if they can get a different relief. Another is doing very well that day, and inquires if they have more of another cannabis strain that worked well for them. All of the clients peruse the display case and consider their needs for the week, or day, depending on their finances. “I think I’ll get a cookie today and some of that Sativa glycerine tincture” states one client “that tincture worked really well for my neuropathy and let me function for the day. The last time I took a cookie home - I slept better than



Ron Rosenthal checks the blood pressure on one of his patients. Photo by Don Deyo Photography.

I had in months.”

Another client buys an eighth of some C99 and a couple cannabis candies. “I’ll try the C99 today and see if it can take the edge off this pain. It’s been bad lately. I really just need a good night’s sleep tonight.....” states a middle-aged patient. It was quite apparent she had been in some pain, and the bags under her eyes were tell-tale of lost sleep. One couldn’t help but empathize with the woman as she hobbled out the door.

No matter what they are there for, it is quite apparent they are comfortable and feel welcome. Some just stop by on their way home to chat it up. “I get a few folks who are very lonely, and have no family close by. It’s hard to be alone when you are sick and don’t feel well. We meet these folks when they are usually at their worst. It is very rewarding to watch folks do well and get better all the time”.

Unfortunately, there are many who do not get better. Ron has had many of his clients die, and it is quite apparent is has been a very painful road for him. “Losing clients to death is definitely not a highlight of this job. It is very very painful. I get very close to my clients, we become like family. Many of them I deliver to at their home when they are so sick they can’t get out of bed. I go to the store for them. Just sit and listen when they need an ear. I have sat with grieving spouses and cried with them after their spouse has died. It is very heartwarming, yet at the same time heart wrenching, to have

these families go through so much and then turn around and thank me for helping their loved one find the relief they needed in their hour of need”.

Compassion runs deep at Canyon Creek Caregivers.

Witnessing the client base that afternoon provided some good insight. Clients ranged in age from the 23 year old young woman who had endured 4 spinal surgeries to the 67 year old man on his way back to the ranch. The old rancher had endured years of hard work and between roughshod days gone past, many broken bones, and a wicked case of arthritis setting in, he had found his best relief in Medical Cannabis. “I don’t like feeling whacked out in my head” stated Roy “I have a couple puffs every night after work and a couple before I go to bed. I sleep better and I have my facilities about me”.

Rosenthal started Canyon Creek Caregivers in February of 2010. Working in the medical profession, he started hearing more and more of a need in the Helena area. After some research, he decided to get into gardening Medical Cannabis.

Ron works closely with a couple gardeners locally, and networks with caregivers across the state. “We want to bring the best medicine to our patients. Having a variety of strains is a necessity, as not every strain works for every ailment”. Ron speaks regularly with other caregivers across the state either helping them aid their patients, or discussing strain varieties, and new advances within the lab. “Our labs in Montana do a great job. We label all of our tinctures with the lab results, and discuss dosing options with our patients”.

Dosing options with Medical Cannabis? “Yes” states Rosenthal “The plant form of cannabis being smoked is one method available. Smoking is actually the most measured way for a patient to dose themselves as they can take just as much as they need and stop. The effects are felt immediately. This is very helpful to nausea patients, and folks with gastro-intestinal disorders as they usually struggle with keeping meds down in a pill form. It is also good for folks with spastic muscle disorders, as it seems to go to work on the spasticity faster and more immediately. At least that’s what my clients report.”

Isn’t smoking dangerous? Doesn’t it cause cancer?

“Funny you should ask that” states Ron “Donald P. Tashkin is a researcher who was paid by the Federal Government to conduct a 10 year study on cannabis smokers. The original intent of the study was to prove that cannabis caused cancer. What they actually found was exactly the opposite! If anything, people who smoke cigarettes should be smoking cannabis as a preventive measure! Cannabis causes absolutely NO lung cancer!” laughed Rosenthal. “It attacks the bad cells and destroys them so new ones can grow and perform.”

“We also have a pill form of our Medical Cannabis made. It is a cold-water extraction process with a coconut oil base usually encapsulated in a capsule. The plant matter is reduced into an edible form. We also have salves, ointments, and edible products available for our clients who do not wish to or need to smoke.”

“The edibles are very effective. The troubles most new clients have when starting to utilize edible medical cannabis is the dosing, and getting used to what amount works for who. Edibles can take anywhere from 45 minutes to an hour to have the effects be felt. Medical Cannabis can affect different folks in different ways. What may be very strong for one client, may not even touch another client. It’s a balance.”

It is also dependant on how each persons endocannabinoid system is functioning. All creatures on this planet with exception of insects, have endocannabinoid systems. Our bodies are designed to receive cannabinoids. Just how much is dependant on the individual person.



A fibromyalgia patient for instance, may require much more of the cannabinoids to help with their pain and neuropathy as there are so many different areas and body systems involved. We are also so unique. Medical Cannabis has so many strains that are unique. One strain may work particularly well for a seizure patient, but not so well for a pain patient.

“That’s why you see so many caregivers out there with so many different strains” states Rosenthal “One person may not respond well to a 100% Sativa for their pain, where a 100% Indica may perform better to meet their needs. Some folks prefer a 60% Sativa 40% indica strain to function throughout the day, as it won’t or doesn’t impair them and still takes their pain away. This is exactly why we offer prices at a gram level, so patients can sample it to see if it works for them without buying a whole eighth or ounce for their supply.”

“Many patients will take home a small variety. They will choose a Sativa to get through the day, as it is more “uppy” and allows them to function and they will change to an indica or indica blend to go to bed. It’s all very personalized.”

After visiting Canyon Creek Caregivers on more than one occasion, it is quite apparent it is very personalized, and very caring. They truly do care for the folks who come to them for their services. Compassion starts, and for some ends with their passing, with Canyon Creek Caregivers.

Tashkins story can be found at:<http://www.washingtonpost.com/wp-dyn/content/article/2006/05/25/AR2006052501729.html>

Patients Out of Time



www.medicalcannabis.com

We Are There for You

Patients Out of Time was founded in 1995 with the sole (and soul) focus on educating health care professionals and the public about the therapeutic use of cannabis/marijuana. We believe that if people are aware of the remarkable safety of this plant, the research that supports its efficacy and the fact that its prohibition is based on lies, greed and racism, we can help create a grass roots movement among health care professionals and the public that will demand access to this medicine and end its wrongful prohibition.

What is Patients Out of Time?

Patients Out of Time is a 501c3 educational charity made up of volunteers. As stated above the mission of POT is to educate health care professionals, patients and their significant others, legislators, law enforcement and the public at large about evidence-based science regarding the safety and efficacy of cannabis. POT is not a membership organization, but our educational products are for anyone and everyone.

The name of this organization, Patients Out of Time, was chosen to reflect the urgency of our mission. Cannabis can provide almost immediate relief for a wide variety of health ailments yet it is “illegal” to grow, obtain, sell or use this medicine. Many health care professionals and politicians hide behind the prohibitionist mantra of “we need more research” before we can allow cannabis as medicine. That cautionary statement is nothing more than a poor excuse for a lack of integrity or complete ignorance. Cannabis is an ancient medicine and it was a popular medicine in the U.S. Cannabis products were approved under the “Pure Food and Drug Act of June 30, 1906.” A reefer madness campaign against a “new” drug menace called marijuana or marihuana was launched following the repeal of the alcohol prohibition and legislators passed the Marihuana Tax Act of 1937 that ultimately led to the removal of cannabis from the pharmacopoeia. Finally with the passage of the Controlled Substances Act of 1970, marijuana was placed in Schedule I or the

forbidden drug category. To be placed there a drug has to meet 3 criteria: it has no medical value, is not safe for medical use and is highly addictive. Notice that the correct name for this herbal medicine (cannabis) was no longer used by our government - only the derogatory Mexican name for the plant - marijuana.

Marijuana has been intensely studied as a “drug of abuse” to demonstrate all of its horrendous dangers. The irony is that all of this research simply strengthens the argument that cannabis is safe. If one were to review the “negative” studies, one would learn that extremely high doses of THC were used or that the study was severely flawed. Patients Out of Time certainly supports more research on cannabis, but that is no excuse as to why patients cannot have access to this medicine. Patients need it NOW. Many will gladly participate in research studies, but they want and need their medicine now - they don’t have time to wait for more research

Why was Patients Out of Time formed?

Prior to the creation of Patients Out of Time, co-founders Mary Lynn Mathre and Al Byrne were on the Board of Directors of the National Organization for the Reform of Marijuana Laws (NORML). Both Al and I believe in the mission of NORML that marijuana should be available for adult usage, but as we recognized the value of cannabis as medicine, we found that in order to get health care professionals and/or organizations to support this issue, we needed to separate the medical use of cannabis out from the social, recreational, spiritual or other use of cannabis. When compared to mainstream prescription or over-the-counter medications, cannabis is much safer but it was and still is in the forbidden drug category of the Controlled Substances.

We formed Patients Out of Time to focus on the medicinal use of cannabis. We don’t want the baggage of dealing with the side issue of recreational or other use of marijuana. We aren’t arguing against the legalization of cannabis, but our focus is on its efficacy as a medicine. We all know that morphine and other strong

pain medications may be used illicitly, but that doesn’t mean that those pain medications should be prohibited. I’m not trying to discuss the abuse potential of cannabis in this paper, the point is that any medicine can be abused and that is not a sufficient excuse to prohibit the use of a medication from other patients.

All medicines have potential risks and no medicine works for everyone. Cannabis is not a perfect medicine and will not work for everyone. But history and science clearly show that cannabis is an effective medicine. In fact, scientists have discovered a molecular system in humans and all animals called the endogenous cannabinoid system or endo-cannabinoid system (ECS). This system is essential to life and helps to maintain homeostasis or balance. We have cannabinoid receptors throughout our bodies and we make chemicals that fit with these receptors called cannabinoids - because we make them, they are called endogenous cannabinoids. Cannabis is the only plant that makes similar cannabinoids (phyto-cannabinoids). As we learn more about the ECS, we understand more about how and why cannabis is such an effective medicine for so many different indications. This is new science that all health care professionals need to know about. Cannabis may not only help manage symptoms for various illnesses or conditions, it may be able to prevent many auto-immune or age/stress-related illnesses. We all need to know more about the ECS and the potential of cannabis.

Who are the people behind Patients Out of Time?

We are made up of health care professionals and cannabis patients. Included on our Board of Directors are the 4 remaining federal medical marijuana patients - Irvin Rosenfeld, Elvy Musikka, George McMahan and Barbara Douglass. Up until 1992, there was a little known program that allowed patient access to medical marijuana from the federal government called the Compassionate Use Investigational New Drug (IND) program. Robert Randall, a glaucoma patient was the first patient to gain access to cannabis through

this program as the result of a court case in which he proved that he needed this medicine to prevent blindness from his glaucoma. Bob and his wife Alice O'Leary soon formed the Alliance for Cannabis Therapeutics (ACT) as an educational/activist organization to help others gain access to this medicine. Under the compassionate IND program a patient's physician had to send in a detailed application to the FDA for approval. Along with that the DEA had to investigate the patient, family members and the recommending physician to ensure that no diversion would occur. The marijuana came from a farm at the University of Mississippi that is controlled by the National Institute on Drug Abuse (NIDA). It is rolled into cigarettes and shipped to the recommending physician or designated pharmacy in canisters containing 300 cigarettes. In addition to the paperwork and investigations, the recommending physician needs to get special approval by the DEA to work with this Schedule I (forbidden) drug and most physicians do not want to go through that process.

Slowly, but surely the number of patients in this program began to grow, especially with the advent of the AIDS epidemic. By 1991 there were 13-15 patients in the program, more than 30 patients approved for the program and hundreds of applications awaiting review when the federal government abruptly closed the program. Only the patients who were already receiving their medication would be allowed to continue in the program. By 1995,

only 8 of these patients were alive (2 of whom remained anonymous) and we realized that the government was hoping that these 8 would soon die so they no longer had to explain why our government provided free cannabis to a handful of patients while telling the rest of us that cannabis has no medical value. By the time we formed Patients Out of Time, Robert Randall's health was failing and he asked that we carry on the work he and Alice started with ACT. Robert died in 2001 and Corinne Millet, another glaucoma patient in the IND program who was on our Board of Directors, died in 2007. We always keep at least one Board seat empty in remembrance of past patients.

How will Patients Out of Time educate others?

One of our first projects was to show support for cannabis as medicine, especially among health care professionals. It soon became apparent that while many persons supported this issue once they knew the facts, few were willing to sign their name or state their support in public. As a member, I initially approached the Virginia Nurses Society on Addictions and the Virginia Nurses Association with draft resolutions in support of patient access to cannabis and both organizations readily passed their respective resolution. We realized that this method was much more useful and empowering to individual members. Eventually Patients Out of Time helped develop the resolutions for the American Public Health Association, several state nurses associations and the American Nurses Association and similar resolutions were drafted and passed by other organizations. The list continues to grow and can be found on our website.

It wasn't until 2000, that we started our accredited biennial conference series. By accredited, we mean that our conferences have met special criteria by the AMA and ANA to qualify for granting continuing education credits. The First National Clinical Conference on Cannabis Therapeutics was held in Iowa City, IA and was co-sponsored by the University of Iowa's Colleges of Medicine and Nursing. Melanie Dreher, RN, PhD, FAAN, was the Dean at the College of Nursing at that time (and also a member of our Board of Directors) and was able to convince the leadership at both colleges to co-sponsor and accredit this educational event. Our 6th and most recent conference was held in Warwick, RI on April 16-17, 2010 and it included researchers from Israel, Brazil, Canada and the U.S. All of our conferences have been videotaped and are available as DVD sets. The 2006 and 2008

conferences are also available for continuing education credits for health care professionals through a link on our website to the University of California San Francisco, School of Medicine's online CME program (with the 2010 conference proceedings soon to be added). Our conferences include a faculty of researchers and clinicians from around the world to present and explain the science; patients and their care givers to provide case studies; along with policy people to help explain the legal issues. While these conferences are designed for health care professionals, many patients attend as well. Many patients have not been supported by their healthcare provider and come to seek answers to their questions or validation for their experiences with the medication.

Our website (www.medicalcannabis.com) contains much information on cannabis and the endocannabinoid research. In addition to our biennial conference series, Patients Out of Time can provide expert speakers to address any medicinal cannabis issue. We have spoken at medical/nursing specialty organization conferences, individual institutions, student groups and other forums. We have provided testimony at legislative or policy hearings and consultation to film makers and medical cannabis companies.

We are there for you

As I stated in the beginning, Patients Out of Time is dedicated to educating health care professionals and the public about the therapeutic use of cannabis. The prohibition of cannabis is based on lies and scare tactics and we openly expose and challenge those lies. The science fully supports this medicine and Patients Out of Time is the leading source of evidence-based science regarding medicinal cannabis and the endocannabinoid system.

We are there for the patient to validate their use of medicinal cannabis; to teach them about alternative delivery methods, to teach them about the various strains with different cannabinoid ratios; to teach them about the ECS and address their concerns. We are there for cannabis dispensaries to disseminate new research, to provide education about the safe and effective administration of cannabis to their patients or staff, and to assist with policies and procedures to safeguard the patients. We are there for the growers to support their efforts to grow and harvest a safe, medicinal grade herbal medicine; to teach about the therapeutic value of other cannabinoids along with THC and to

See PATIENTS on page 19

Jimmy One's Gardening Tips...



Intro to growing

**Are you a dirt farmer?
Or an aquanaut?**

Ok, so you have your location picked out where you will have your garden, now you must think of how you will grow and what method (soil or hydro) and growing medium you will grow in. Some choices to use as your growing medium are Soil, Coconut fiber, Expanded clay, Expanded mica, Foam, Gravel, Perlite, Rockwool, Sand and Vermiculite just to list a few. You have a lot of choices here, but if you have never grown cannabis before, I would NOT RECOMMEND hydroponics. Hydroponics is a great method for growing; however it is much less forgiving than soil.

Soil is made up of many mineral particles mixed together with living and dead organic matter that incorporates air and water. Three

basic factors contribute to the cannabis root's ability to grow in a soil: texture, ph, and nutrient content. Plain old potting soil fresh, right out of the bag is always a safe bet for the basic gardener.

If choosing to grow a hydroponic garden, you will next need to decide what type of system you will use. Some hydroponic systems include, Ebb and Flow (flood and drain), Air Table, DWC (deep water culture), NTF (nutrient film technique) and Aeroponics just to list a few.

An Ebb and Flow or Flood and Drain is probably the simplest of hydro systems with a proven track record. Your plants are grown in pots or rockwool cubes that are set in a table reservoir that can hold 1" – 3" of water. Nutrient solution is pumped into the table that your plants are sitting in causing them to sit in a pool of nutrient solution for a short period of time until a timer turns a pump on to drain the table. This process is usually repeated several times a day.

Deep Water Culture system is also a pretty simple, but productive method to grow cannabis. Your "ladies" are put in pots full of expanded clay pellets, rockwool or other growing medium. The net pots are nestled in holes in a lid that covers the reservoir. The roots dangle down into the nutrient solution. A submersible pump can be used to lift your nute solution to the top of a discharge tube where it splashes back into the reservoir. Nutrient solution will then cascade down your roots.

Nutrient Film Technique systems are high performance, but also can be high maintenance. Seedlings with a strong root system are placed

on matting located on the bottom in a covered channel. Irrigation sprays the roots with nutrient solution constantly. Gullies or channels are covered to keep humidity high in the root zone and light from shining on roots.

Aeroponics uses no growing medium and is a great method for cloning. These systems require the most attention to detail as there is no growing medium to act as a water/nutrient bank which makes it very touchy. If your pump fails, your roots will dry FAST causing your plant to suffer. You should be very certain to keep all components clean and your ph balanced as well as spend the little extra initial investment on QUALITY parts or a ready-made system from a reliable supplier.

Also remember that your plant takes up whatever it is growing in, therefore, I recommend staying away from Miracle Grow (synthetic) types of soils that have fertilizers in the soil, because near the end of the plants life (about the last 2 weeks of flowering or budding), you should "flush" your plants to get rid of any organic or synthetic fertilizer that's in your buds and when using a Miracle Grow type of soil, the fertilizers are in the soil, therefore not being able to be fully flushed.

This column has been your intro to growing, and things to consider when choosing your growing method for growing your own medical cannabis. Each edition of Montana Connect, I will teach you something about growing. In our next issue, we will learn about different nutrients (synthetic or organic) as well as a Q&A section from this subject.

~Jimmy One is an active Montana Medical Growers Association (MMGA) member and is with Jimmy1 "Green Thumb" Gardens at <http://www.NeverHaulWaterAgain.com>. Questions, comments and suggestions can be directed to Jimmy One at jimmy1@neverhaulwateragain.com

PROVIDING SERVICES FOR QUALIFIED PATIENTS & CAREGIVERS

406-586-0842 • 877-493-3363 • 877-4WEEDMD

bigskypatientcare@yahoo.com
www.bigskypatientcare.com

BIGSKY
PATIENT CARE

Doctors Appointments Available

Student & Military discounts

Discounts all day Tuesday

81770 Gallatin Rd • 4 Korner • next to Country Korner Cafe
Store Hours: Mon. - Sat. 10:30 - 6:30 • No Appointment Necessary

Big Sky Town Center
above Grizzly Outfitters
11 Lone Peak Dr. Ste 207
Big Sky, MT 59716
406-995-4353

Downtown Dillon
21 S. Idaho St.
Dillon, MT 59725
406-683-3620

Rim Rock Mini Mall
111 S. 24th St. West
Billings, MT 59102
406-251-5053

Four Corners
81770 Gallatin Road
Bozeman, MT 59718
406-586-0842

Big Sky Town Center
above Grizzly Outfitters
11 Lone Peak Dr. Ste 207
Big Sky, MT 59716
406-995-4353

Downtown Dillon
21 S. Idaho St.
Dillon, MT 59725
406-683-3620

Rim Rock Mini Mall
111 S. 24th St. West
Billings, MT 59102
406-251-5053

Four Corners
81770 Gallatin Road
Bozeman, MT 59718
406-586-0842



Patients out of Time Continued from Page 17

encourage the development of plants with a higher cannabidiol (CBD) or other cannabinoid ratio; and to support the testing of their plants for content and potential contaminants. We are there for the legislators and law enforcement to clarify the truth from the myths and lies. We are there for the public to quell their unfounded fears and to open their eyes to the potential of cannabis.

We hope you will think of Patients Out of Time as YOUR source of information regarding the efficacy of cannabis. We hope you will let others know about Patients Out of Time and our website www.medicalcannabis.com. We hope the press and other media will seek the truth about the efficacy of cannabis from Patients Out of Time. We are an organization made up of health care professionals and patients and we base our teachings on history, science, compassion and common sense. When you want to know about a medicine, doesn't it make sense to go to a health care professional who understands the potential risks and benefits, rather than a DEA agent, cop, lawyer, or politician? We are there for you to support your right to safe and legal access to this medicine. We are there for you to support your right to grow this wonderful plant or to obtain this plant or prepared cannabis products from a quality-controlled dispensary. We are also there for you if you have problems related to the use of cannabis. We are there for the health care providers to teach them how to manage dosage and administration of cannabis depending upon the indication and individual and to update them with the latest research to help guide their practice. The more we learn about the ECS, the more we understand how important cannabis can be as a medicine. What

if some of the auto-immune diseases or diseases associated with stress or old age are the result of an endocannabinoid deficiency? Are you at risk or showing signs of a problem and if so, should you be taking this as a preventive medication?

One way or another we are all patients out of time. If you are not a patient today, but fall victim to an accident or illness tomorrow and cannabis can help - Will you know that it could help? Will your health care provider know it could help? Will your health care provider be willing to recommend it for you or support your decision to try it? Would you risk arrest and possible incarceration, loss of work or other legal problems if you were caught using it? Do you have ready access to a safe supply? Do you know what strain would work best? Do you know how much you should take and what form would be most effective or tolerable?

You can help yourself and others by supporting Patients Out of Time. Let others know of our website and our resources. Ask your healthcare provider to take our online CME courses so he/she is aware of this new science. And of course, if possible, please make Patients Out of Time one of your favorite charities so we can reach more people. Our goal is to get cannabis available to all patients who may benefit from its use and we hope to put ourselves out of business as soon as possible. Our conference series and the networking of physicians and nurses helped spawn the creation of the American Academy of Cannabinoid Medicine (AACM) and the American Cannabis Nurses Association (ACNA). Once cannabis is removed from Schedule I and becomes legally available as medicine, we hope that the AACM and the ACNA will continue the clinical cannabis conference series to ensure that health care professionals continue to be updated on the cannabis/cannabinoid science.

To my friends in this wonderful new industry.

We have a rough road ahead, and the times will be hard.

It is time to end the lies, and bring respect, integrity, and credibility to the truth of Medical Cannabis!

Code of the West:

1. If it's not yours, don't take it.

2. If it's not true, don't say it.

3. If it's not right, don't do it.

4. Never EVER quit.

5. Have respect for yourself, your neighbors, and everything around you.



James & Kathleen Haney
PO Box 50413
Billings, MT 59105
1-406-670-0143
NOW SERVING:
Miles City~Glasgow~
Glendive~Sydney
Strains Available:
Grand Daddy Purp, Blueberry Skunk,
Red Cherry Berry, G13, Blue Cheese,
Cheese Cake, Church, Honey B, LSD,
NYC Diesel, Northern Lights,
Bigbud Cross

THE HATCH
Tawnya LaFond
Medical Marijuana Caregiver

Hours
M-F - 10:30-6:30
Sat - 10:30 - 2:00
Sun - Closed

(406) 490-4273
(406) 723-8536
COME JOIN WITH US

Serving Butte and the surrounding area
Be sure to mention you saw this in Montana Connect!

Extreme Q. Vaporizers DR. Recommended Delivery Method



Save **MONEY** & protect your investment.

The Extreme Q. Vaporizer uses **98%** of your medicine where other conventional methods may only use up to 50%.

\$250 & FREE SHIPPING

To order your vaporizer, parts or supplies call 406-788-6782.



Visit www.mymontanamedicalmarijuana.com or email rb_productions@bresan.net
R&B Productions - PO Box 2308 - Great Falls, MT 59403



MMGA UPDATE

November marks the one year anniversary of the founding of the Montana Medical Growers Association. In November 2009 the MMGA was recognized by the State of Montana as a 501c5 trade Association; a Trade Organization that is committed to ethical representation of ALL PATIENTS AND CAREGIVERS in the State.

This is currently an all volunteer organization and needs the help of its members. Board Members and Chapter Directors all serve on a volunteer basis. We all have businesses and other obligations to take care of in addition to our responsibilities for this Association. We will need the help of the membership to continue to move forward with this industry. There is much to do around the State with regard to City and County ordinances, the State Legislature, and educating the general public with REAL facts, not the rhetoric they are already hearing. We are relying on our membership to help keep us informed of issues arising in your areas. If there are questions or concerns, please let us hear about it. We can't help if we don't know the problems exist.

It's been a busy year for the MMGA. Everything this Association has accomplished in the last 12 months has been to sustain our three primary missions:

1. Support superior patient care
2. Provide a voice for medical cultivators in Montana
3. Promote the lawful and ethical conduct of our members

Our Efforts-Local Governments

We have spent a great deal of time attempting to assist with the formulating of city ordinances. Our greatest success was in Bozeman where the city included the medical cannabis community in open workshops to discuss the issues facing caregivers, patients and the City

and, with few exceptions, created a zoning ordinance that met every one's needs. While some caregivers were required to no longer grow in residential areas, store fronts within 1,000 feet of a school were grandfathered, but no more were permitted. The zoning offered reasonable access to locations where a store front could be located and the maximum limit of store fronts in the City was set at 20 with any application being submitted by the implementation date of the ordinance would also be grandfathered. This permitted anyone wishing to have a store front in Bozeman an opportunity to secure a store front license prior to the effective date of the ordinance. There are currently 23 licensed store fronts in Bozeman. One major issue the MMGA had with the ordinance was regarding the complete smoking ban with criminal consequences. According to Mayor Kraus of Bozeman, the strict regulation on medicating in public was a direct result of some of the very visible public smoking that kept appearing on the news and in print.

We just finished assisting the city of Ennis which modeled their zoning ordinance in part after Bozeman. Now that the blatant "in your face" public displays have subsided, the Ennis ordinance is less stringent than Bozeman, limiting medicating to being "out of public view". In addition, the city of Ennis struggled with where store fronts could be located. In a small town like Ennis, 1,000 feet from a school could stop any store front from being in town. As a compromise, the City instituted a 500 foot buffer around the school and will permit up to 3 store fronts within the City limits. Both Bozeman, a large city, and Ennis, a small town, have reasonable ordinances that other cities might well consider.

We were less successful in Billings. In spite of our efforts, the Billings City Council implemented a moratorium which still remains in effect. Just prior to the vote in June 2010, two store fronts were fire bombed. Within two days of the fire bombings, the MMGA met with local law enforcement offering to support the capture of the criminals by posting wanted posters around the city and being ready to set up a COPS (Caregivers On Patrol) should another firebombing occur. The intent was to establish a Neighborhood Watch for the Caregiver community with the goal of observing and reporting any suspicious activity. The Billings police were fully supportive of our efforts and our intent. Unfortunately, the cameras that recorded the domestic terrorists did not capture clear enough pictures to make the wanted posters. This pointed out the importance of cameras not only inside facilities, but also on the

exterior with night vision capabilities.

As we hear about break-ins we will offer our assistance and direction and will continue to help coordinate public and private efforts to find the criminals and have them prosecuted.

Our membership is now assisting with other city zoning ordinances around the State. We encourage everyone to contact the MMGA on how we might be able to help in their city.

Our Efforts-State Government

On the State Legislative level, we have continued to be at the forefront of offering solutions. It is our belief that the more involved we are in the process, the more likely our interests will be met. We were asked to participate in a panel appearing before the Children, Families, Health and Human Services Interim Committee as they began to discuss the current medical cannabis law and what changes might be considered. All but one of the caregiver representatives were members of the MMGA at that time, and as would be expected, there were differing opinions even among the caregivers. This work group met throughout the summer and reached consensus on most of the major issues. That's right caregivers agreed with law enforcement on a number of issues. We then proposed a number of different items that offered some additional guidelines for caregivers but permitted them to operate in a way that is necessary to insure patients receive an uninterrupted supply of medicine.

The final draft bills for the Interim Committee included a number of items that were simply taken from other States' legislation and have no place in a Montana law. We specifically object to a) limiting caregivers to 5 patients, b) requiring 2 physicians' recommendations for chronic pain, and c) restricting out of state patients that come to Montana for medical treatment. Our view has been that any changes necessary in the current law should be reflective of Montanans and not portions of legislation pulled from other States. Please visit our website www.montanamedicalgrowers.org for more detailed information on what we presented and why.

We are in the process of summarizing all the issues that we will face in the upcoming Legislative session. We will be providing every member of the Legislature with a comprehensive book on medical cannabis in Montana outlining the issues and our recommended solutions complete with our rationale. MMGA members will also be given the opportunity to have this document to facilitate an open debate on the issues. We have seen too many decisions made by State and Federal legislators based on rumors

and innuendos, not facts. By putting the facts out in the public, we are confident that the new regulations for this industry will be appropriate, reasonable, and logical. If you want to be part of the solution, join the Chapter closest to you and get involved.

This Year's Events

Two months after our formation, in January 2010, we co-sponsored a conference in Bozeman in conjunction with Montana Botanical Analysis. That conference featured as the keynote speaker, Dr. Arno Hazekamp, one of the foremost cannabis research experts in the world. Attendees were given a visual chemical introduction to the different active ingredients in the cannabis plant with scientific rationale as to why some strains work more effectively for some patients than do others.

In mid-October, we participated in a Human Resources conference in Bozeman that focused on the use of medical cannabis in the workplace. We offered the recommendation to HR professionals to focus on individual job performance, not on whether or not an employee was a registered cardholder.

We closed out our first year with a State-wide symposium in Helena. Our featured guest was Irvin Rosenfeld, a Federal medical cannabis patient and we were fortunate to have a number of state agencies participate including the Departments of Labor and Agriculture, seated Senators and Representatives as well as candidates. We broadcast the conference live over the Internet and had over 250 in attendance.

At the end of November, we'll be starting an Internet based radio show. Airing once a month, The Medical Marijuana Radio Show will offer the opportunity for anyone to call in for questions and comments. We're looking forward to this and will keep you posted about upcoming shows. Check the MMGA website for show times and schedules.

Chapter News

We realized that the medical cannabis industry was rapidly expanding and that more and more cities were looking at this issue. We immediately began to establish Chapters around the State so that the local medical cannabis community could focus on their own issues. Unfortunately low turnout to our initial meetings and the inability to organize an effective lobbying effort resulted in a number of cities passing moratoriums or bans on medical cannabis sales or use. We now have Chapters in Bozeman, Billings, Missoula, Great Falls, Helena, Whitefish/Kalispell and soon the Bitterroot and Butte with Eastern Montana coming next. Without local members in the trenches advising us on what is happening, the State organization cannot help.

In Summary

This next year will be challenging for this new industry. The negative press that has been shone on our industry has stirred the emotions of those who have yet to recognize the value of this medicine to patients. Some are calling for a repeal of medical cannabis in Montana. It is critical that both caregivers and patients follow the law. Patients DO NOT SHARE your medicine. Recently, a patient legally purchased their medicine from their caregiver's store front and upon returning to their car, passed the medicine to two non-patients. He sadly learned that this is a felony. Caregivers, be diligent in your record keeping, track where your medicine comes from and where it goes. Sell only to your patients, it's the law! Presume there are those looking to shine a negative light on this industry, so be prudent in your actions.



**Montana
Medical
Grower's
Association**

Our Mission

- **Provide a Voice for Medical Marijuana Cultivators**
- **Support Superior Patient Care**
- **Promote the Lawful and Ethical Conduct of our Members**

Concerned Caregivers and Patients from around the state of Montana have come together to form the Montana Medical Growers Association

**It's Time To Join And GET INVOLVED
MMGA Chapters Forming**

Membership Types

Memberships are now available for Patients, Caregivers, and those that are neither but wish to support the Medical Marijuana industry.

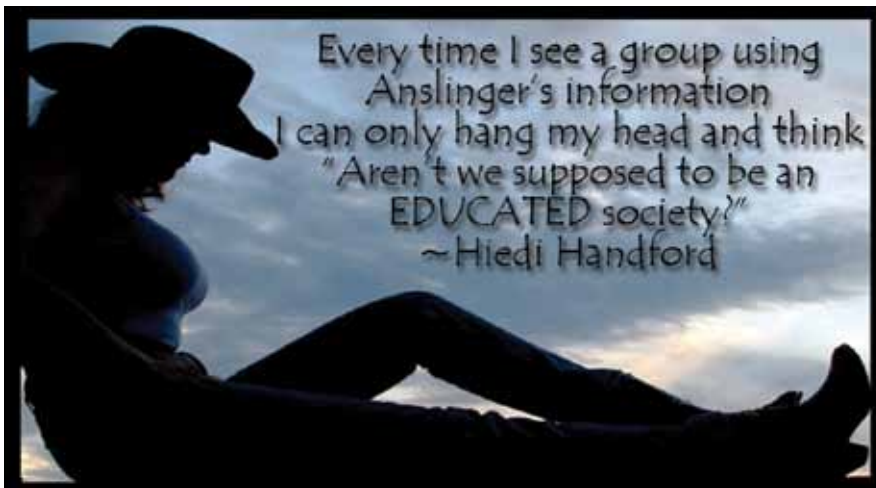
Patient Membership	— FREE
Grower Membership	— \$50
Business Membership	— \$150
Affiliate Membership	— \$50
Affiliate Executive Membership	\$150

Look for & Support our Members displaying the Montana Medical Growers Association Logo

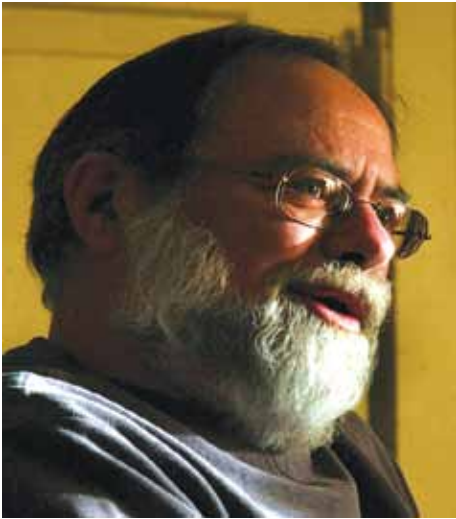


**Montana Medical
Growers Association
PO Box 10628
Bozeman, MT 59715
1.800.518.9113**

**www.montanamedicalgrowers.org
Info@montanamedicalgrowers.org**



Election Results Create Steep Challenge



**by Tom Daubert, founder/director,
PATIENTS & FAMILIES UNITED**

It's been obvious for the past year that Montana's medical marijuana law would face skeptical scrutiny and major proposed changes at the 2011 state Legislature. But election results greatly complicated the situation, heightening the odds that we will have to work hard not so much to improve the law but rather just to keep it on the books.

Republicans took record-setting, lopsided control over the House of Representatives (68-32), and while many may be libertarian-minded, the fact is that some of their leaders have sympathetic ties to the Billings-based group that sought to put a medical marijuana repeal measure on the 2010 ballot.

Thus, Montana's 90-day legislative session, which began January 3, may feature more marijuana-related bills than all prior state history – and most of them are certain to put patients, caregivers and their supporters squarely on the defensive. Additional proposals can be offered until early next year, but already at least five major bills are in the works.

A repeal measure will be sponsored by Sen. Jim Shockley (R-Victor), who will serve as chairman of the Senate Judiciary Committee. Another Senator, Dave Lewis (R-Helena), is developing a bill that at last report would (among other things) license and heavily regulate producers and distributors of medical cannabis, charging a tax on sales to cover the costs of oversight, inspections and auditing.

A bill developed last summer by the Interim Committee on Children, Families and Health contains a wealth of fundamental changes to

the Montana medical law. It will be sponsored by Rep. Diane Sands (D-Missoula), and would (among many other features) require two physician recommendations for pain patients; limit all patients to a maximum of two ounces of cannabis per month; eliminate completely the law's affirmative defense clause; make probationers ineligible to be patients, without regard to their medical condition; and bar anyone with a felony record of any kind from being a "caregiver."

Another bill, supported by the Chamber of Commerce and large employers, would clarify the right of an employer to ban use of medical cannabis during the work-day – in ways that could open the door to outright employment discrimination against patients. In addition, DUI legislation that ordinarily would focus on alcohol will likely propose creating a per se offense for cannabis impairment while driving.

No matter what happens, patients will be deeply affected by the 2011 Montana Legislature.

Montana passed its medical marijuana law with a 62 percent vote in 2004, at the time a record level of support. Several years later, we became the first medical state in the nation to honor a probationer's right to be a patient when health conditions warrant under the law. By the end of the 2009 session of the state Legislature, after assertive lobbying for improvements by patients, it seemed we were making steady progress and that the 2011 session could be the occasion for significant success. But in late 2009, a plethora of ostentatious "cannabis caravan" clinics that produced physician recommendations for many hundreds of new patients in a single day, and the appearance of flashy "dispensaries" in various communities around the state, incited backlash for the first time. Whereas no organized opposition had campaigned against the medical law when it was proposed as an initiative six years ago, today the group called Safe Kids Safe Communities is focused largely on the goal of ending medical cannabis rights completely.

PATIENTS & FAMILIES UNITED, founded in early 2007, and the Montana Medical Growers Association, a trade association of caregivers formed in late 2009, are gearing up to defend the law. If the Legislature can be persuaded to "fix" the law rather than repeal it, it is possible the result will include improvements that make things work better at least in some ways for patients.

What can you do to help the effort to preserve

medical marijuana rights?

Know who your legislators are (House and Senate member), if you don't know already. Messages from constituents can have a helpful effect on how a legislator votes – but messages from voters outside the legislator's home district can backfire. (If you're unsure who your legislators are, call your county's election office to inquire.)

Stay aware of ongoing events – sign up with your caregiver to be on an e-list and/or "phone tree" so that you can be alerted at key moments in the legislative process, those moments when a quick phone message or email to a legislator can make the greatest potential difference. If you aren't on the e-list used by PATIENTS & FAMILIES UNITED, you can sign up by emailing info@mtpfu.org

Attend hearings in Helena – especially the first hearing on the bill to repeal medical marijuana rights. It doesn't matter whether you can or will testify – in fact, it's generally better for only a few people to do the bulk of the talking at a hearing. But it will be very important to fill the hearing room with genuine patients (respectful, dignified patients) who will be personally affected by legislator decisions.

Make your friends and family help, too. Encourage everyone you know to get involved. Patients will need all the public support they can get – the more Montana citizens who pressure the Legislature to preserve patient rights, the better.

Montana's medical marijuana law is making a precious positive difference in the lives of thousands of patients and their families. The law's gray areas may have allowed serious problems to emerge – but voter intent should be respected, and patients deserve a chance to work with an improved, regulated program. We've been trying to improve the law for years now, and if the bill PATIENTS & FAMILIES UNITED proposed in 2009 had passed the House, as it did the Senate, some of the problems that incited the current backlash might have been prevented. The Legislature should "fix" the law in ways that respect recommendations from various quarters – and that make the law work better for patients.

** Tom Daubert has lobbied all but one session of the Montana Legislature dating back to 1981. He managed the campaign for I-148 in 2004 and has focused on cannabis policy issues ever since. He can be reached at doebare@aol.com*

Good Medicine

Medical Cannabis Tinctures



Stealthy, easy to administer, and long-lasting, medical cannabis tinctures are a remedy from a time before the Great Prohibition. A potent tincture is a THC concentrate made with grain alcohol. The spirits dissolve the active properties from the plant material and act as a preservative.

Glycerin is also a popular solution for making tincture's especially for patients who wish to avoid alcohol. The mixture must be saturated for days, sometimes weeks, and the result is a super-sweet elixir that makes an excellent beverage sweetener. Glycerin does not extract the full range of active components of Cannabis the way grain alcohol does, so the medicinal effect is lighter.

We are seeing some amazing results from tincture usage. MS patients have cut their oxycodone use in half, or in some instances eliminated pharmaceuticals altogether. Many pain patients have reduced their pharmaceutical consumption by choosing medical cannabis over traditional therapies. Even in a concentrated tincture, medical cannabis is safe, non-toxic, and very effective for longer term relief needs.

The effects of tincture are noticeable within approximately 30 minutes, and are felt completely within an hour. Many caregivers now specify and make either an indica tincture, which is more appropriate for going to bed in some circumstances, or a sativa tincture so they can remain "up" and functional throughout the day. This gives patients more dosing options, so they can manage their needs more appropriately and function effectively throughout their day.

Tincture is dispensed by the drop so unlike

pills, it can be delivered in precise doses to fit the treatment needs of the patient.

Making tincture is a fairly simple kitchen duty, and there are lots of recipes, videos and chat rooms online to guide you through the process. That said, formulating consistent tincture from varying blends of trim is a bit of a culinary art form. There are some herbalists who blend in specific herbs in addition to target a patient's issues more effectively.

Demand for tincture surges anywhere it is introduced and patients have no problem paying a fair price for it. In Montana, expect to pay approximately \$25 for quality tincture, be it an alcohol or glycerin tincture.

Enterprising growers and cooperatives looking to build value in the emerging cannabis industry should hire or acquire the ability to make and test single-strain tinctures, special blends, and ointments. You'll add value to your enterprise and your clients will be thrilled to have an alternate treatment option.

Although a majority of Montanans now support a patient's right to choose cannabis, most still see medical cannabis as an alternative medicine for alternative people. This cultural separation is reinforced by the mainstream media, as well as religious zealots, and fear mongering puritans. Over time, medical cannabis will become more accepted as people learn and are educated about medical cannabis. With all of the science coming forward, the efficacy of medical cannabis is being established as a safe, non-toxic alternative to traditional medicine.

Cannabis remains a non-toxic herb that most folks could never imagine using on themselves,

unless maybe they were dying. It is not that way. Cannabis works at the nerve level, on the glial cells. This amazing process conducted throughout the endocannabinoid system found in all of us is a testimony to the fact that our bodies were made to receive cannabinoids. Cannabinoids found in medical cannabis are good for us, and they help and repair the human body and condition on so many levels.

Tincture breaks through that social stigma and cultural mythology, in addition to just being GOOD medicine. There's no smoke, no laced foods or paraphernalia, just a fiery (or sweet) green extract in a tinted bottle that looks like it belongs in every medicine cabinet.

Tinctures connect us with our pharmacological past utilizing ancient potions, forgotten remedies, and miraculous elixirs. In doing so, they move us from this future back to a time when personal responsibility was expected, and choosing one's own medicine was allowed.



Donald Deyo
Photographer at Large
(406) 422-4793
donald_deyo@imap.cc
discreet & confidential

How to Choose the Caregiver that is right for you

Choosing a caregiver can be a very daunting experience. When you first walk into a caregiver's location, the experience is surreal for many. It is easy to get distracted and forget to ask questions.

Here are some things to consider when selecting a caregiver to suit your medical cannabis medication needs:

How do you intend to treat your condition?

Will you smoke or vaporize?

Do you have any desire to smoke?

Have you considered edibles? Tinctures?

Is cost a factor? Does the caregiver have a low-income plan?

SO many questions! What is a patient to do?

First – sort out in your mind which method you think may be more effective for you. Some patients treat only with edibles, some only with bud, and some with both.

The most immediate form of relief with medical cannabis is smoking or vaporizing. THC is immediately taken into the blood stream and effects are felt within minutes, if not simply a few seconds. These methods are a more “measured” way of dosing with medical cannabis as effects are felt almost immediately and the patient can simply wait a minute or so to see how the relief is and gauge upon how they feel if they should smoke or vaporize any more.

Smoking is the most common method

associated with the use of cannabis. Cannabis is most typically smoked in a pipe or a joint. Some people prefer to use a bong to smoke their cannabis. A bong is a pipe with water in it, and the water cools the smoke before it is inhaled.

If you are completely against the idea of smoking medical cannabis you may want to consider trying a vaporizer. A vaporizer is a unit designed to heat and vaporize only the THC from the plant matter. What you are actually inhaling is not plant matter smoke, but a vapor of THC that delivers immediate relief.

Many “Cannaseurs” like to both vaporize AND smoke their cannabis as vaporizing allows for the full flavor of the THC to be enjoyed, and the plant matter has another taste entirely with some strains. There are actually cannabinoids deep within the plant matter that are extracted only by smoking. I had been told about “vape weed” when I first learned about vaporizing. Vape Weed is the remains of the plant matter post-vaporization. Some patients save this “vape weed” for times when they are really suffering or not sleeping, and they smoke it in a pipe. By smoking it in the pipe with the hotter flame and heat it releases the deeper cannabinoids in the plant matter and the patient finds a deeper pain relief. Vape Weed is very effective for insomnia in some folk. It can also be used for cooking.

Edibles! The wonderful world of edibles! Please be sure to read this issues story on “Good Medicine” for more information on edibles.

It is important to know and understand

what products and methods of canna medicine are available to you to treat whatever symptom may ail you. Different caregivers are good at different things. It is important to make a list of things you require – or think you may require, and discuss them with your physician. When I went in for my certification appointment I thought I had a good idea of how I wanted to treat myself. After I started seeking a caregiver – I learned a LOT more!

Key points to note here are:

Learn about Canna Medicine and how you wish to treat yourself.

Do not be afraid to ask questions. Ask first your certifying physician. Take notes prior to appointment, and check off questions as they are answered. What meds can I eliminate with Canna medicine? What meds should I keep no matter what? INCORPORATE canna medicine into your health care. Even if your regular attending physician did not sign your recommendation, tell them you are practicing canna medicine and you wish to incorporate it into your healthcare. Educate your health care personnel.

Ask questions of potential caregivers to find the one who is right for YOU. How many patients do they currently serve? Is there enough medication for everyone all the time? Do you grow all of your own medication? Do you provide edibles? Tinctures? Ask what products and strain varieties they have. Ask if they are in perpetual harvest with their garden.

Not all of these questions may be of utmost importance to all patients, but simply a list and guideline of the questions patients may want to ask. Please keep in mind here – each of us have different needs and what works for one may not work for another. The positive thing about Canna Medicine is, you can never kill yourself or overdose when medicating with medical cannabis. The only downside I have found myself is in the initial beginning of treatment, figuring out dosages. I have never hurt myself or anyone else, but I have had to go to bed to sleep it off. That was in the beginning. Now, I have a very good understanding of my canna medicine treatments, and between my caregiver and I, my health concerns are being met at and above my expectations. I can function daily and be part of life. These days, thanks to Canna Medicine, life is GOOD!

Serious, Discreet, Strictly Legal

Montana Cannabis™

Natural Medicine for Real People

Run by leaders of Montana's patient-rights movement, serving legal patients statewide.

Broad selection of strains, gourmet “medibles.”
For info, call: 877-458-0888.

www.mtcannabis.org

YOUR LOCAL CAREGIVERS
PROVIDING QUALITY AND DEPENDABILITY

BIG SKY HEALTH



KALISPELL 220 1st Ave. E 406-260-4422	MISSOULA 1536 S Reserve St. 406-728-1007	BUTTE Harrison Ave. 406-529-7780
--	---	---

www.bigskyhealth.net

Patient Story

Paul and Nathan Schmidt

Father and Son Patients and Caregivers

In April of 2008 my son was diagnosed with multiple disc issues in his back. The extreme pain this caused started him on a path of injections and more and more pain medication and eventually led to him not being able to work and then to him withdrawing from school. Nate had been studying mechanical engineering with a 4.0 grade average. I was as a father extremely frustrated, sad and frankly scared to death for my son as I could tell the pain medicine was slowly killing him.

While driving home from work I was listening to talk radio about medical marijuana. I came home and Nathan and I researched whether or not Montana had a Medical Marijuana program. We found that it did and we began our quest to get Nathan a card and we also started testing to see if marijuana would help Nathan. We had to go to three doctors and no one would sign for Nathan mostly out of fear of being "one of those doctors" even though they thought it would be beneficial to Nathan.

Finally a local pain management doctor gave us Dr. Christiansen's information. We called

and he was booked out for months. I explained Nathan's problem his escalating need for more and more pain medication and they got Nathan an appointment in about a month. Nathan got his card which back then took about

10 weeks to get. We then began to search for a caregiver and were amazed at the black market feel it had. We had to meet in parking lots and take what he had regardless of medical condition with no regard to his specific condition. We were shocked at the lack of professionalism of the caregivers we met and frankly the quality was not that good.

While we were waiting for Nathan's appointment he stopped taking all of his pain medication and began using only cannabis for his symptoms. To our complete surprise medical marijuana was exactly what he needed. He began to feel better in very short order and was clear headed and once again functional.

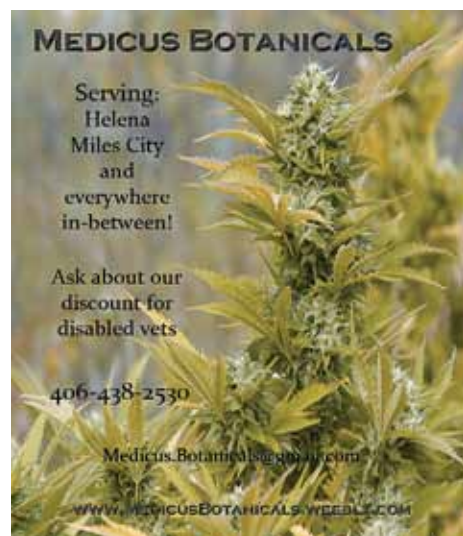
Since I was the only source of income at that time and the marijuana was expensive Nathan began growing once he received his card. Shortly after that we knew Nathan had found not only an interesting hobby but it turned out to be a calling for both Nathan and myself. Nathan began taking patients at our house and when we hit 14 patients we found a building and began growing and providing medicine to his patients.

I had been taking pain meds for severe pain from epididymitis for four years. I was unable to work without taking vicodin every single

day. Nathan convinced me to get my card and I too was able to free myself of the narcotics and control my pain in a natural way.

Shortly afterward I left my job and we threw ourselves into our new calling. Today we have 370 plus patients sell more than just medicine. We have tinctures, salves, candy, cookies and much more. We grow 100% organic, we amend our own soil and we use NO SYNTHETICS. It is our responsibility to give our patients the purest medicinal quality cannabis as possible. We also test all medicine in any form with Montana Botanical Analysis to insure patients get the best possible medicine.

Not only do we feel better than ever but we help our fellow man to feel better too! We work seven days a week (since the plants don't take a day off) and are much happier not working for some else!



Leading versus Chasing

By Kate Cholewa

Had a conversation with Dr. Michael Geci the other day. Dr. Geci is an ER doctor who practices cannabis medicine in Montana and owns Montana Botanical Analysis, a cannabis testing lab. He'd been at that fancy New York conference, The Marijuana Conference, which focused on business and investment opportunities in the medical marijuana industry.

Wall Street, I'd like you to meet Cannabis.

Geci said it was about 60% Wall Street, 20% sketchheads (his word), which leaves the remaining 20% of the crowd cannabis business operators and players. Geci says he was the only guy there with a cannabis testing lab and the business cards were flying. Steve D'Angelo of Harborside fame was there with

his signature braids, chapeau, and uniquely placed tie knot. He's a man of darting eyes, at least the times I've seen him.

I can imagine Dr. Geci there. I've seen the guy work a room.

So Dr. Geci tells me that he was talking to Rob Kambia, Director of the Marijuana Policy Project, and making the point that there is no other product offered as a medication that isn't tested and labeled. The testing and labeling, in turn, he was saying, allows for dosing. He told Kambia that doctors are used to dosing. If you can't measure and dose – two hits before bedtime, for example – doctors won't accept, adopt, or support it.

In other words, validate it.

I have my own reasons for supporting cannabis testing. But gaining the approval of the western medical establishment is not one of them.

Cannabis testing is important if we're going to do any sort of quantitative research and I'm all for that. It's new science. Who knows what we'll find as the secrets of cannabinoids and the cannabinoid system are revealed? It seems as though at some point, our studies will involve the sea squirt, the first little guy on the planet to show up with a cannabinoid system. We share 80% of our genes with sea squirts who just happen to have been recognized since Darwin's days as humans' closest invertebrate relative.

Coincidence? I don't think so.

So whether its cannabinoid receptors or sea squirts, the science is wide open and we need the tools to conduct it.

Cannabis testing's role in manufactured cannabis products is obvious, too. If a balm or tincture fails to offer a patient relief, we need to know that it's not because of a failure in production that resulted in a product bereft of

active ingredients. So, go testing! Let's learn! Let's generate quality! But let's not design the cannabis industry's infrastructure around the attempt to meet the values (pander to the values?) of the establishment of western medicine. There's no guarantee it would lead to their seal of approval. They have their reasons to resist.

Here's what cannabis medicine says to the medical establishment: Take everything you think you know about biochemistry and factor in a newly discovered system of the body on which there's little information despite that it has a role in learning, memory, appetite, pain, inflammation, vision, neuroprotection, and reproduction, to name but a few. What you think you know about these bodily functions and systems might not be quite right,

See LEADING on pg. 30



**MONTANA
HERBAL
MEDICINE**

Member of the Caregiver Alliance

Our patients always come first!

**Smoke Product up to 25 Different Strains
Medibles & Sundry Products
100% Grown In Montana
Scientifically Tested**

**NOW ACCEPTING PATIENTS FOR CLINICAL
STUDIES. WE WANT YOU TO HAVE THE RIGHT
MEDICINE FOR YOUR NEEDS**

State-wide caregivers

100% legal, professional & confidential.

Town Center Services

Your Medical Cannabis Resource Center

Phone (406) 682-3092

Homeopathic Medicine

**Patients & Caregivers
Protect Your Medicine
Never Too Dry or Too Wet**

Introducing



Humidipak.

The world's first 2-way humidity control.

**An inexpensive way
to protect your medicine!**

Coming Soon

**State-wide Courier Service &
Inexpensive Testing
For THC & Cannabinoid Testing**

**Media Marketing &
Research Services**

Focused on the Montana
Marijuana Medical
Community

**Advertising
Public Relations
Branding
Promotion
Strategy**

Phone 406 640 0910 Or visit us at 618 W. Griffin Dr. Ste G, Bozeman (by appointment)



Proud Members of the Montana Medical Growers Association

Subscribe TODAY!



Subscriptions are \$24.95/year
Mail this form and your check or money order to:

Montana Connect
P.O. Box 432
Lincoln, MT 59639

Name _____
Address _____

Montana Connect is mailed under private cover so as to protect patient privacy.

Growing with Bozeman and helping Bozeman grow

2230 W. Main
Bozeman, MT 59718
Phone: 406-586-7752
Toll Free: 888-837-5115

Serving the Gallatin Valley for 21 years

TAMARACK DISPENSARY

WWW.TamarackDispensary.com

Now Open!

New Patients receive a discount!
Need a renewal? We can help.
We are working with Northern Lights Medical to assure you,
The patient, the finest service and medicine in the state.
Discreet location in the Flathead Valley.
Professional Service * Compassionate Care.
Comfortable Environment.

Call us today 406-755-7227

Or stop by: 1 McDermott Lane
Located on Hwy 93 between Kalispell
And Whitefish next to Raceway Park.



Featuring: **FIVE FRIENDS INC.**

Zoo Mountain Natural Care, Inc.

HELPING THE MEDICAL CANNABIS COMMUNITY FROM START TO FINISH.

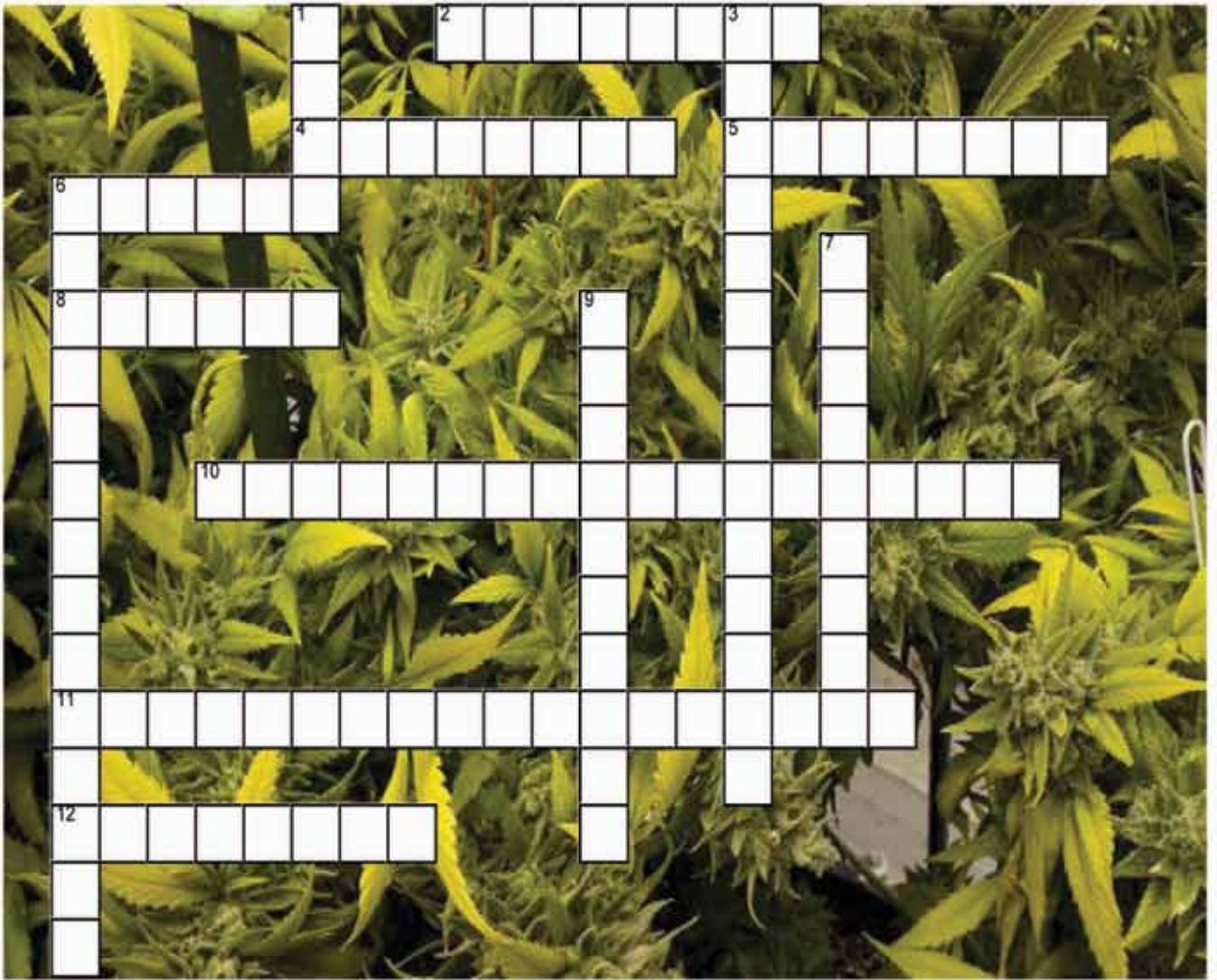
- Medical Massage Therapy
- Convenient Downtown Location
- Professional & Friendly Staff
- Working with over 50 Strains
- Lower Prices
- Safe Access to Quality Medicine
- Walk-In's Welcome
- Free Clones

Monday through Saturday 10 AM - 6 PM

345 W. Front St. Suite D. ☽ Missoula MT, 59802 ☽ (406)349-4200

www.zoomountainnaturalcare.com

Montana Connect Crossword



Across

2. Who is the ONLY Butte Caregiver advertised?
4. Who wrote the column on Growroom Safety?
5. What month marks the one year anniversary of the Montana Medical Grower's Association?
6. What Montana city do our Featured Caregivers live in?
8. Who is the author of the Patients Out of Time story?
10. What is the scientific name of the Hemp Russet Mite?
11. Who sells Humidipaks?
12. On the cover, we are _____!

Down

1. What is the abbreviation for the trade association for medical cannabis growers in Montana?
3. What lab is advertised in this issue?
6. What is the Cannabis Gardener's WORST nightmare?
7. Whose phone number is 406.207.2720?
9. Who is the Photographer at Large?

Answers for Aug 2010
Montana Connect
Crossword puzzle - pg 28

Across

5. info@mtconnectmagazine.com
8. Montana Connect
9. October
10. Ed Docter
13. Doug Chayette
14. Billings
17. opioid painkillers
18. Your caregiver
20. Sleeping Giant Caregiver
21. Cannabutter
22. wwwcultureandcannabiscom

Down

1. Montana Advanced Caregivers
2. JimmyOne
3. Robin Prosser
4. HotBoxPodcast
6. A Kinder Caregiver
7. Scott Day
11. My Medicine
12. Ruderalis
15. Lindsey
16. Facebook
19. Vote



406-333-2622
ccofmt@gmail.com
www.cannabiscaregiversofmontana.com

Lindsey Law Office, pllc

Caregiver and Physician
Consulting

Help for Business Startups

Civil Litigation

Criminal Defense

Mediation and Arbitration

406-599-9003

Unparalleled Experience in
Montana's Medical Marijuana Law

Legal Merchant Services
Is Your Dispensary at Risk?
Is Your Merchant Account Legal?



Offers the Lowest Rates in the Industry
Great Local Banking Relationships
ATM Machines • POS Systems
Industry Specific Local References

Frank Self
Senior National Account Manager
8795 Ralston Road Suite 225
Arvada, CO 80002
303.381.3758

Josh La Bonte
303.268.5508
Fax: 303.955.2655



www.MersaTechSales.com



Leading
Continued from Page 26

and may be quite wrong, if you're failing to integrate knowledge of the cannabinoid system into your analysis.

No one likes having their intellectual apple cart upset, particularly when it can undermine one's sense of authority or challenge one's previous work. So, if doctors practicing cannabis medicine want to take that on and bring the medical establishment on board, that's their business.

But I say, let them come to us. Patient demand is what will bring doctors on-board, one by one. Those doctors who come tend to be a combination of; disenchanted with the system in which they've been trained to function; fascinated by the new field in science; excited by the medicinal potential of the plant; and greeted by plenty of demand in a cash-only business.

Suh-sweet.

Isn't it what we all want - to be freed from screwed up systems and engaged in something exciting, worthwhile, mentally stimulating, and getting a check along the way for the fine job that we're doing?

The medical establishment doesn't need to be chased. It'll come.

Or, it won't.

If it doesn't, the practice of cannabis medicine will develop outside the sanction of the western medical establishment. Big deal. There have always been those doctors who come to embrace alternative medicine and therapies. Likewise, there will be those who study and embrace cannabis medicine.

And they'll be the ones who get the money.

Though it's not the same, I suppose, as getting validated by the institution that spawned you. Maybe getting cannabis acknowledged by the medical establishment isn't about cannabis getting validated, I suggested to Dr. Michael Geci, but about cannabis doctors wanting validation from their colleagues.

Geci countered that the adoption of cannabis by the medical establishment would placate fears about it. Granted. Medical sanctioning, he said, would accelerate its mainstreaming. I agree.

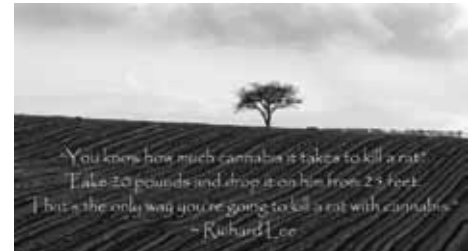
But do we want to bring the mainstream along, educate them, or be shaped and warped by the myths it's been indoctrinated with? Without the sanction of western medicine, the medicinal use of cannabis will still become mainstreamed. It'll just happen through different channels and perhaps more slowly. It's already happening. Those

doctors willing step away from the pack and lead are, and will be, beneficiaries under either scenario, whether the western medical establishment comes aboard or not.

Institutions, the establishment, and the mainstream never get convinced to adopt an innovation. Data be damned. That's not how change happens. Innovation leads. The institutions catch up. The way to lead is to leave a provocative and informative trail for others to follow and be a model of service and excellence.

Do that and who could resist?

~Kate Cholewa worked as lobbyist and policy wonk for twenty years. She tried to get out. The medical cannabis issue drew her back in. She's served as a commentator for MT Public Radio and has spent the past year writing and politicking about the cannabis issue in three states. She blogs at cannabisandculture.com.



751 Nicole St
Helena, MT 59601
406-437-1796



Proud Member of:
**Montana
Medical
Growers
Association**

Over 70 Strains! 20+ strains available DAILY!
We never run out of medicine!

Qleaner ~ LA Confidential ~ LA Woman ~ OG18 x Skunk
Purple Wreck ~ OG Kush ~ Seattle Super Skunk
Super Critical Haze ~ Pineapple Punch ~ Super Lemon Haze
Just to name a few.....

We continually grow different strains to find the best possible medicine for our patients!

All in house strains grown using TLO - True Living Organics
NO synthetics used in our growing process
You WILL taste and smell the difference!

Monthly Dr visits and Dr referrals

We pay the renewal fee for all of our current patients and monitor expiration dates on their behalf to ensure no lapses in care.

SAFE - professional atmosphere

Knowledgeable, caring, and friendly staff

We are caregivers AND patients!
Come in and visit to see and feel the difference!

**Veteran's
Discounts!**

**Delivery
Available!**

Open
Monday 12-5
Tues - Friday 10-6
Sat 11-4

All edibles have disclosed amount of cannabis used per serving on the label
All medicine, tinctures, salves, and cannabis infused products tested
by Montana Botanical Analysis to ensure medical potency and quality!



Medical Marijuana Permits



THCF

The Hemp and Cannabis Foundation | Medical Clinics

Please Call for Appointment
www.thc-foundation.org

1.800.723.0188

THCF Medical Clinics have helped over 100,000 patients in ten states qualify for medical cannabis. Our caring medical doctors and knowledgeable support staff will help you through the process of becoming a certified medical cannabis patient.

Seeing patients every week in Billings and Missoula • 406.728.2858



We see your pain

Canyon Creek Caregivers

Now.....

Feel our compassion

227-7525

Serving Helena & SURROUNDING AREAS!

Always

\$30

an eighth
all strains

Open
7

Days a
Week!

\$130 for half oz
\$250 for 1 oz.



Proud Member of:
Montana
Medical
Growers
Association

Owned & Operated by
licensed health care professionals