

Introduction

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People always want to know whether I've actually done the things I write about. It was a popular question when I was writing about prostitution¹ and is undiminished now that I'm doing research on drugs. I've considered taking the path laid out by Dr. Charles Grob, a physician and longtime researcher on the medical applications of psychoactive drugs, and defer an answer; Grob observes, "I'm damned if I have [tried drugs] and I'm damned if I haven't. If I have, then my perspective would be discounted due to my own personal bias, and if I haven't, it would be discounted because I would not truly understand the full range of experience the drug can induce."²

But the idea that direct experience—or the lack of it—is the most salient divide between good research and bad seems misguided to me. The fact that I wasn't a prostitute when I decided to write about prostitution didn't really undermine my ability to think critically about the practice and its meanings. Neither can it be said that my familiarity with marijuana, as a recreational and as a medicinal drug, certifies my understanding of cannabis prohibition and consumption. In both my research on prostitution and my research on the medical uses of marijuana, direct experience isn't what separates my work from that of other social scientists. Instead, if there is a distinguishing quality, I would say that it lies in a clear sense that my work is explicitly value laden rather than value neutral.

I didn't approach this study as a dispassionate observer. I came to the subject of the medical use of marijuana already suspicious of the War on Drugs. I entered the research field also believing that doctors should have the right to recommend nonaddictive and nontoxic herbs to their patients in an effort to relieve suffering; I also believe that patients should have the right to obtain and use those substances. These values underlie my work and color my account.

My understanding of medical marijuana as a social issue relies heavily on the research strategy of participant observation, an approach that inevitably, and often usefully, troubles the line dividing researcher and researched. But even before I began my formal research, my web of connection to this issue was unquestionably sticky. While my formal research on cannabis and, specifically, on the California-based organization the Wo/Men's Alliance for Medical Marijuana (WAMM), didn't begin until the late 1990s, my relationship to some of the key players well predates that. From the mid-1980s, I shared a social and political community in Santa Cruz, California, with several people who would become members of WAMM, including the two cofounders of the organization, Valerie Leveroni Corral (a medical marijuana patient) and Michael Corral (a master gardener). In the years prior to the founding of WAMM, I participated in an informal support network for the Corrals as they twice faced arrest for growing a small quantity of marijuana that Valerie (and her physician) believed useful in controlling her epileptic seizures. A few years later, I supported their efforts to rewrite local and state laws to enable patients in California to legally use marijuana as medicine, efforts that culminated in 1996 in the passage of Proposition 215, the California "Compassionate Use Act." And I watched them take that victory and use it not simply to increase their personal protection against future arrest, but instead as a platform for organizing a unique nonprofit patient/caregiver medical marijuana cooperative to assist seriously and terminally ill people in collectively growing their own medicine. In 2001 I gained additional access to the organization when my partner, Gabriel, became employed for a year as WAMM's human resource coordinator.

Despite—or perhaps because of—the exceptional access I had to the organization, the two cofounders, and the 250 medical marijuana patients in WAMM, I resisted formally studying and writing about medical marijuana for many years. My scholarship has been primarily in the area of gender and sexuality, but increasingly I found myself clipping news items on the War on Drugs and reading with interest the political, legal, and scientific arguments surrounding the medicinal use of marijuana. I began to see numerous connections between state responses to prostitution (my most recent area of study) and antidrug discourse. In the criminalization of both drugs and sex, the state claims for itself the right to police consensual adult behaviors and punish willing participants. This is justified by emphasizing possible harms to the "general public" and to the participants themselves. I was also struck by the fact that the United States

has become increasingly isolated among advanced industrial democratic nations in its insistence that prostitution and drug use are “vice crimes” that must be prohibited, rather than public health matters that might be regulated.

The question of federal drug prohibition became even more compelling as I became more familiar with the lives of WAMM members. Especially in the immediate aftermath of the 9/11 attacks in 2001, it was tremendously reassuring to be in the company of people looking death in the face with great courage and dignity. In a context of terror and enforced obedience, the medical marijuana patients within WAMM became unexpected mentors for me. The great majority of WAMM members live with serious and life-threatening illnesses; anxiety and uncertainty are their constant companions. Yet, despite these already-significant challenges, and in full knowledge of ever-increasing federal politics of surveillance, harassment, and detention, WAMM members chose to openly defy one of the most powerful governments on Earth.

Almost exactly one year after the September 11 attacks, WAMM members were confronted with the consequences of being designated enemy combatants in the War on Drugs: on September 5, 2002, Drug Enforcement Administration (DEA) agents staged an early morning raid on the organization, arresting the cofounders and seizing the collective’s entire crop of marijuana. The membership was effectively terrorized, but the organization survived. In fact, WAMM went on the offensive, successfully suing the federal government. Studying this group and working alongside these individuals has helped me to better survive the first few years of twenty-first-century America.

After I made the decision to formally study medical marijuana, I discovered several additional points of connection to the subject. One of the most startling was an unanticipated family tie to the debates over federal prohibition on the medicinal use of marijuana. In 2003 I attended a fiftieth wedding anniversary party for my parents where I encountered relatives I hadn’t seen in years. During an exchange of small talk, my Aunt Bern and Uncle Harry asked me what I had been up to over the past few years. At the mention of medical marijuana, my uncle turned and walked away. My extended family has never failed to greet with curiosity and apparent enthusiasm the eccentricities of my research and my life, so his response surprised me. It was only several months later that I discovered that his reaction was due to a need for professional, not personal, distance. While I always think of Uncle Harry as simply a slightly distant and unusually

fierce family member, he is also a federal judge. A few months after our awkward exchange at my parents' party, Harry Pregerson of the Ninth Circuit Court of Appeals, authored the opinion in the historic medical marijuana case of "Raich v. Ashcroft."³

My contributions to this book, then, clearly reflect—in Adrienne Rich's words—a particular "politics of location": personal, geographic, political, and analytical.⁴ My intimacy with the subject carries certain risks; but in studies of marginalized communities, engaged participation can be indispensable both in gaining access and achieving understanding. In the context of strict federal prohibition on marijuana use, WAMM members have every reason to be concerned about their own safety and about the motives of outsiders asking questions about their organization. Despite this, more than three dozen patients made themselves available to me for in-depth interviews—often lasting more than an hour—in which they were asked detailed questions about their participation in a targeted organization and about their use of a federally prohibited substance.⁵ This gift of time and energy is all the more remarkable coming from a population of seriously ill people with little of either to spare.⁶

In my focus on medical marijuana, just as in my research on prostitution, I have been acutely aware of the social and legal vulnerability of the group under study. I take seriously Native American writer and activist Winona LaDuke's charge that all academics must address the question of "how will your research benefit the people you study."⁷ It is my hope that a sympathetic but not uncritical account of the medical use of marijuana—and federal opposition to it—will help clarify what is at stake in the medical marijuana debates for policy makers, the American public, and, most especially, for the patients who have entrusted me with their stories.

Because of the hostile federal climate toward medical marijuana, I encouraged interview subjects to remain anonymous but offered them the option of requesting (in writing) to be identified by name. For individuals who requested anonymity, names and identifying information have been changed. In the pages that follow, anonymous subjects are introduced by a first-name-only pseudonym, while intentionally self-identifying subjects are referenced by both first and last name. My assumption going into this research was that those who would wish to be identified by name would be public officials and high-profile activists. Significantly, however, many "ordinary" patients demanded to be "known subjects." WAMM member

Pamela Cutler, for example, explained, “This is *my* story, my legacy. Use my name.” The question of “legacy” has a particular resonance for the very seriously ill members of WAMM; many of the individuals whose accounts shape this book, including Pamela Cutler, have since died.

Well into this research project, I discovered that a fellow academic, Dr. Richard J. Webb, was also engaged in participant-observation research of a very intimate nature with WAMM—he had served as a caregiver for a dying patient and had even joined the organization’s board of directors. In the cooperative spirit that defines the very essence of WAMM, we decided to come together and coauthor an account of this remarkable organization and its relationship to medical marijuana prohibition. Creating a woven whole out of two such distinctive voices has been a significant challenge; the result is by no means a seamless account. The analytical material that follows was crafted in collaboration between the two of us, though much of the most richly descriptive material is Rick’s, while the interview data is mine.

Richard J. Webb

I first became acquainted with the Wo/Men’s Alliance for Medical Marijuana in 1997. I had spent the summer looking for a business organization that would allow me to collect data for my doctoral thesis on justice and fairness in the workplace. Unfortunately, as my academic advisors had warned, no managers at the numerous companies I approached were willing to give me adequate access for my purposes, and as the last few weeks of the summer approached, I became more uncertain about how I was going to proceed.

One Sunday in August, my friend Noel, a bass player, showed up at my home in Santa Cruz, California, with an aging hippy guitarist named Gene. I set up my drums and we tried to imitate famous sixties power trios for an hour or so, and when we finally took a break, Gene pulled from his pocket a small baggie with a sticker on it, from the Santa Cruz Cannabis Buyers’ Club. I had heard of medical marijuana, of course. My friend Dianne had used it during her cancer chemotherapy, and she had even purchased it from the same buyers’ club, but I hadn’t thought much about it at the time. It suddenly occurred to me that an organization distributing medical marijuana might be an interesting research project.

Gene told me that if I really wanted to learn more about medical marijuana, I needed to meet his wife, Silver, one of the locally notorious Holy Hemp Sisters, a sort of high priestess of pot. Silver, he explained, not only worked at the buyers' club, she belonged to a small and very unusual alternative health care collective known as WAMM, the Wo/Men's Alliance for Medical Marijuana. Gene finished retuning his guitar, and we stumbled through Rolling Stones cover tunes for a little while longer, then I drove him home so that I could meet his wife.

Perhaps it is worth noting that, like Gene and Noel, I was something of an aging hippy too. Although all of us have gone a bit gray as the years have passed, in my case aging has also taken the form of male-pattern baldness. Because few things look more woeful to me than bald men struggling to make their few remaining strands of hair resemble actual ponytails or braids, and because professional athletes suddenly seemed to have made baldness fashionable, I figured the time was right to do what my parents had begged me to do for years: cut my hair. Unfortunately, I did this a few days before I met Silver. For most of my adult life, I had experienced a middling degree of criticism and distrust from conservatives and authorities because of my long hair and beard, but I was thoroughly unprepared to be distrusted for looking too clean-cut! It wasn't until I handed Silver my driver's license, which showed the long-haired, full-bearded me, that she decided I wasn't a narc and warmed up to me. She arranged a meeting for me with Valerie Corral, cofounder and executive director of WAMM, and Valerie was intrigued by my research proposal. With the consent of the board of directors, I appealed to the general membership of WAMM, asking for their permission to attend meetings, observe activities, and interview them; with some enthusiasm they collectively agreed.

My primary interest was in the ways that patients and caregivers constructed and operated a renegade health care organization, with particular attention paid to the communicative strategies they employed to sustain themselves in the face of debilitating illnesses, social criticism, and the threat of legal prosecution. My initial objective was both to earn the trust necessary to elicit candid testimony and cooperation from the members, and to gain firsthand knowledge of what WAMM was like from insider's point of view. Especially at the very beginning of my research, when it became clear that I was neither a patient nor caregiver, I had few sources of information of the kind I was after. But I also had an interest in

experimenting with alternative relations of exchange between researcher and those being researched, relations that have traditionally been based on the authority and professional interests of the investigator, not the practical interests or welfare of those being studied. So, I started looking for ways I could contribute to the organization. I worked at fundraising events, taxied people to and from meetings and organizational activities, kept minutes of the board meetings, helped set up lighting systems for indoor gardens, moved furniture, fixed cars, and hauled trash to the dump. I tried to be friendly while I was doing these things, so inevitably I made friends, and as people got to know me better, they allowed me to get to know more about them.

After five months of this, I was invited for the first time to visit WAMM's communal marijuana garden and given the opportunity to gain firsthand knowledge of pot farming. This is often strenuous work in the hot sun, and there are rarely enough members in good-enough health to adequately share the burden, so my participation there was always welcome. In fact, it soon got to the point that I was actively participating in so many organizational activities that Valerie suggested I become caregiver for a WAMM member, which would entitle me to a membership card and the potentially vital protection against trouble with the local authorities that membership in WAMM could provide. Since then, I have served as caregiver for three WAMM members, all men with AIDS, two of whom are now deceased, one living out his final weeks on a hospital bed in my living room. The third, whom I have been assisting for just a few months, has been a WAMM member for many years.

My experiences with WAMM have been personally transformational, and I cannot pretend that my contributions to this book are emotionally or politically detached. Prior to my involvement with WAMM, I knew little—essentially nothing—about caring for people who suffered from life-threatening illnesses, never mind the trials and tribulations of living with disease, poverty, isolation, and uncertainty. As it turns out, neither do most of those who are responsible for making decisions and establishing policies for the regulation of medical marijuana. I remember talking with Valerie Corral, WAMM's founder and executive director, one evening when she returned from Sacramento. State representatives and law enforcement officials had spent the day arguing over how to regulate possession of medical marijuana, and they had clearly been more concerned about the possibility that liberal guidelines would be exploited by

fraudulent patients selling their surplus to recreational users than in making sure that truly suffering patients had enough medicine to meet their needs. When Valerie's appeals to their sense of compassion were met with intransigence, she asked if anyone in the room had ever actually had to care for a dying friend or relative: not one person in that room full of decision makers had ever done so.

This disconnection between practical knowledge and the power of public policy makers is one of the recurring themes in this book. An argument is being made by those who oppose the use of marijuana as medicine, an argument that deserves full consideration, but one that also deserves more comprehensive and critical analysis than has previously been possible. If our conclusions border on advocacy, it is because we have been persuaded that the burden of proof in that argument has not been met. Worse, it appears that the government has actively impeded open and honest research and discussion of the issue, and that unnecessary suffering has been, and continues to be, the result. As we came face-to-face with that suffering over the months and years, and as people we came to know died or grieved over the loss of loved ones, it became impossible not to care. Caring is good. I would argue that there is a place in much scholarly inquiry and most public policy making—particularly involving sick people and poor people—for much greater compassion and generosity. I remember another time, during the gay pride festival in San Francisco, one of WAMM's biggest annual fundraising events. I was working T-shirt sales, and when I turned my back for a moment, someone in the crowd stole a pile of shirts. Angry and embarrassed, I told Val about it, and all she said was, "Well, let's hope they get a good price for them, because they must need the money very badly." It was a powerful lesson in compassion, generosity, and letting go. Because of the years I have spent working with WAMM, I believe I am a better scholar, a better teacher, and a better person.

So, like Dr. Chapkis, I have to acknowledge my biases against federal marijuana policy and in support of the self-determination of patients and physicians in the management of illness. But I also believe, like Dr. Chapkis, that critical reflection on social practices need not be hampered, and may in some respects be enhanced, by emotional involvement with the community being studied. There is no question that the vitality and credibility of our account is largely a result of the trust and intimacy that the members of WAMM felt they could share with us as friends and allies in their confrontations with adversity.

Limitations of This Study

Much of the material in this book is based on a single organization, one that has achieved an unusual degree of prominence within the medical marijuana movement. Furthermore, it is located in a very specific cultural context in a community highly supportive of medical marijuana use. The story of this organization and the accounts by its members may not be broadly generalizable. It also bears saying that this study is not intended to establish whether marijuana does, in fact, have medical value. Scientific proof of the medical efficacy of cannabis should be established through carefully designed clinical trials; sadly, the U.S. federal government for many years blocked research in this area.⁸ As federal restrictions begin to loosen, scientists in the United States are joining those in other countries in reporting compelling evidence of the therapeutic potential of cannabis and cannabinoids. Nonetheless, the accounts that follow are anecdotal patient reports, not clinical trials.

Furthermore, the effects discussed by patients are not uniform. Not all individuals respond to marijuana—or to any other drug—in exactly the same way, nor do they all find it equally effective. It is reasonable to assume that patients who tried marijuana but found it to be ineffective or to have negative effects might discontinue use. Such individuals would be unlikely to remain active participants in a demanding medical marijuana collective like WAMM. The accounts by WAMM patients in this book, then, capture only the experiences of those who find marijuana effective. Despite these limitations, this book offers the often missing and always important perspective of patients in an ongoing discussion of the medical use of marijuana.

Summary of Chapter Contents

In this book, we intend to do two things: to discuss the uses (and prohibitions on the use) of cannabis as medicine and to give life to these issues by describing a contemporary, and in many ways exemplary, medical marijuana organization. For this reason, the material is organized in alternating chapters, shifting between those offering an institutional analysis of marijuana and medicine and those providing detailed ethnographic material on the Wo/Men's Alliance for Medical Marijuana (WAMM). Throughout the book, the terms “cannabis” (the botanical designation)

and “marijuana” (the more familiar and politically charged term) are used interchangeably.

The opening chapter, “Shamans and Snake Oil Salesmen,” discusses the transformation in the nineteenth and twentieth centuries of cannabis, a commonly used medicinal plant, into marijuana, a strictly prohibited substance. The chapter examines the process of the exclusion of marijuana from medicine in the context of the professionalization of the healing arts and the marginalization of botanical remedies. The chapter also examines how policy makers and the public have struggled over the meaning of such fundamental concepts as legitimate medicine, dangerous drugs, and public safety. This examination of the rhetorical underpinnings and material effects of the federal campaign against marijuana is the backdrop against which the emergence and remarkable history of the Wo/Men’s Alliance for Medical Marijuana plays out.

Chapter 2, “Set and Setting,” provides the more-local context for the creation of the Wo/Men’s Alliance for Medical Marijuana. The chapter opens with Valerie Leveroni’s (later Corral’s) 1973 automobile accident in which she sustained serious head injuries. The injuries produced seizures that she discovered she could control with the use of marijuana. Arguing that her use of the prohibited substance was a medical necessity, Valerie and her husband, Michael Corral, created a cooperative in which patients could secure collectively cultivated marijuana free of charge. Their organization, the Wo/Men’s Alliance for Medical Marijuana, took root in the specific setting of a small California coastal town, Santa Cruz, in soil already well enriched by work of previous health and social justice movements. The chapter argues that the inheritance left by the feminist women’s health care movement of the 1970s and AIDS activism of the 1980s and 1990s was critical to the success of WAMM.

Chapter 3, “The Greening of Modern Medicine,” examines both federal obstruction in the 1980s and 1990s of scientific research into the medical efficacy of cannabis and the campaigns that effectively broke that blockade. The chapter also considers renewed attempts by federal regulators to discredit medical use of marijuana through the creation of a problematic distinction between cannabis (a crude botanical) and cannabinoid medicines (pure pharmaceuticals). This is set against the growing interest among the American public in alternative and complementary therapies, including medicinal herbs.

Chapter 4, “Potheads Scamming the System,” describes how the medical use of marijuana by patients in WAMM complicates the distinction

between “legitimate medical marijuana users” and illegitimate “potheads.” This chapter suggests that the more-important difference isn’t one of identity but rather of context. WAMM members are neither simply recreational users nor are they simply conventional patients consuming the herbal equivalent of a pharmaceutical medicine. The chapter also explores the structure and the effects of WAMM’s unique not-for-profit collective model of medical marijuana provision.

Chapter 5, “Cannabis and Consciousness,” discusses the well-known “consciousness-altering” effects of marijuana. The “high” associated with cannabis figures prominently in the federal government’s justification for prohibition of the substance even for medicinal purposes. This chapter challenges the notion that the “high” is no more than a dangerous and unwelcome side effect, and presents patient accounts of the possible therapeutic value of “getting high.”

Chapter 6, “Mother’s Milk and the Muffin Man,” considers the question of the possible health risks of using marijuana as a medicine. In particular, this chapter discusses how the dangers associated with one common delivery system—smoking—often substitute for the less-established risks of the plant medicine itself. Included in this chapter is a detailed description of alternative delivery systems developed at the grassroots level by WAMM members, including tinctures, beverages, baked goods, liniments, and capsules.

Chapter 7, “Love Grows Here,” discusses the operation of the collectively cultivated WAMM garden under the skilled leadership of Michael Corral. For WAMM members, the garden has been both the source of high-quality organically grown medicinal cannabis and also a strikingly beautiful environment in which horticultural therapy can be practiced by very ill patients. The chapter concludes with an account by Valerie and Michael Corral of the 2002 DEA raid intended to stop the collective’s cultivation of marijuana and close the organization.

Chapter 8, “Lessons in Endurance and Impermanence,” describes the future of both medicinal cannabis and the Wo/Men’s Alliance for Medical Marijuana. In the aftermath of the 2002 raid, the organization not only continued to operate, but went on the offensive, suing the federal government. In 2004 WAMM won a protective injunction in federal court against further action by the DEA and, for a brief period—until the 2005 U.S. Supreme Court ruling in *Gonzales v. Raich*—operated the only legal, private marijuana garden in the United States. The chapter concludes with a discussion of ongoing battles between grassroots providers of medical

marijuana, like WAMM, and corporate attempts to control access through the pharmaceuticalization of cannabinoid medications.

Interspersed between these chapters, and interwoven within them, are interviews and photos of those on the front lines: patients, physicians, legislators, and law enforcement. This book is dedicated to the many WAMM members who died during the decade in which this account was crafted as well as to all those still active, still defiant, still demanding alternatives to war.