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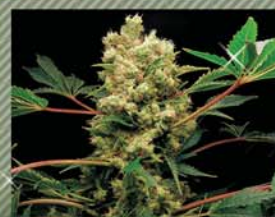
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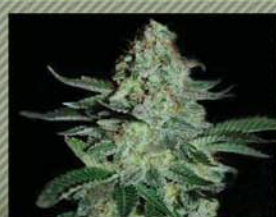
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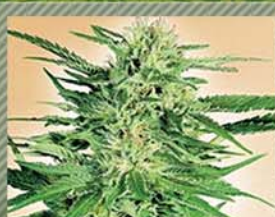
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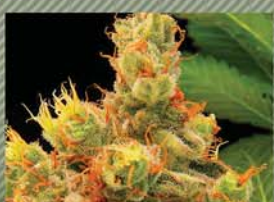
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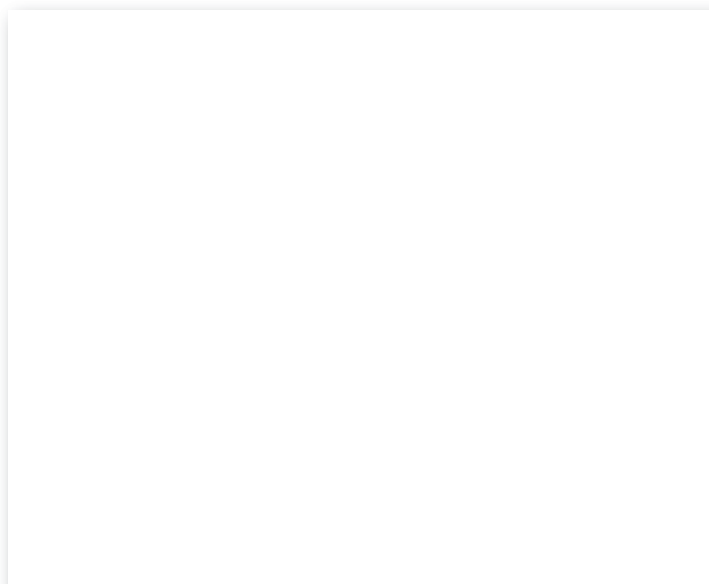
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Working together

We here at Treating Yourself are extremely sad to have lost our Marketing Director Michelle Rainey to Cancer on October 20, 2010. Michelle wasn't just the Marketing Director at Treating Yourself she was a friend to both my fiancé and I, I am happy that I was privileged to have her as both a close friend and confidant. Michelle was also an extremely active activist who continually worked at trying to help educate doctors, politicians and the uninformed. She will be missed by thousands of people worldwide. From here on we will be recognizing October 20 as Michelle Rainey Day. We will continue to follow in Michelle's footsteps the work that she has started.

There are many cannabis related shows that have started up worldwide and we here at Treating Yourself will try to participate in as many as we possibly can in order to let folks know about our magazine and online community. Treating Yourself has also started to participate in quite a few non cannabis related events in order to help educate the uninformed such as the National Woman's Show, Alternative Health Expo, and the National Home Show.



Marco Renda, Shantibaba and Howard Marks at the Cultiva in Vienna

to make a difference!

Well the voters in California didn't pass prop # 19 but the voters in Arizona did vote for the passing of the medicinal use of cannabis to become the 15th state to allow the use of cannabis as medicine. I do believe that those who voted NO in California will try and work together with those who wanted to pass prop #19 in order to put forth a much better proposition for the 2012 elections.

I would like to invite all of our readers to the **2nd annual Treating Yourself Expo** being held in **Toronto on June 3 – 5, 2011 at the Metro Toronto Convention Centre**.

The last thing that I would like to address is the fact that I have done some further research into Dave Watson aka Skunk Man and I have to say there is NO TRUTH to him ever selling any feminized genetics nor is he a DEA agent / informant. I would personally like to apologize for publishing the article by Joe Pietri. I also would like to inform the readers to the fact that Joe Pietri stated in his book King of Nepal (Pg. 53) that he himself worked with the DEA to get someone he worked with busted with 500 kilos of hash. Now isn't that the pot calling the kettle black?

In ending we here at Treating Yourself would like to enter the new year on a positive note and ask that all in the movement put aside their differences and try and work with one another in order to achieve legalization.

So until next time
Take Care and Peace



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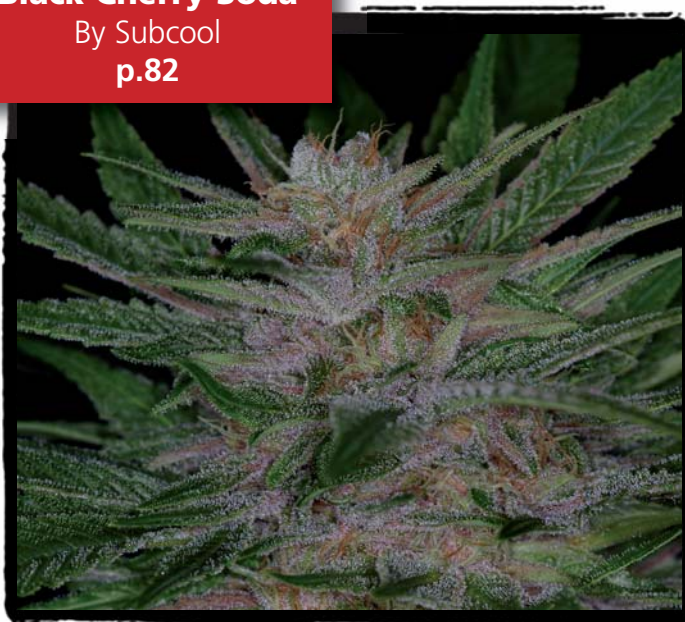
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By Subcool
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Note

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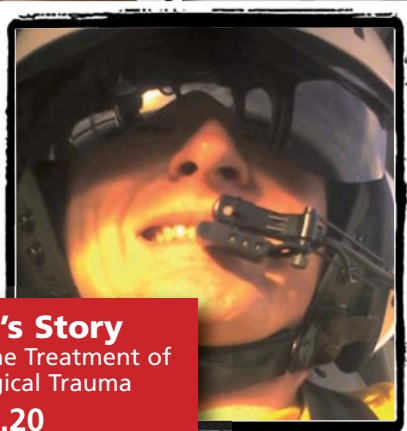
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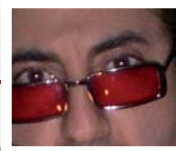
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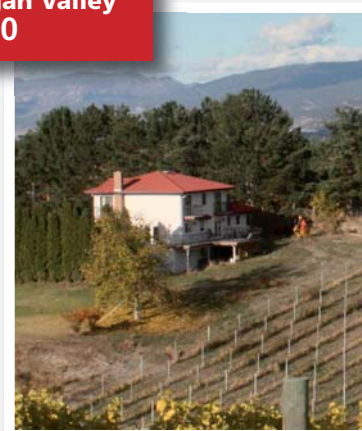
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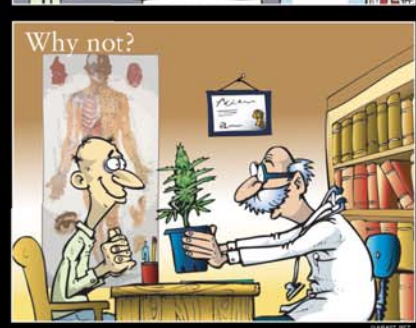
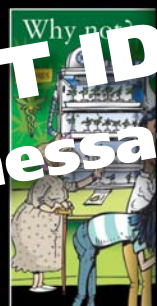
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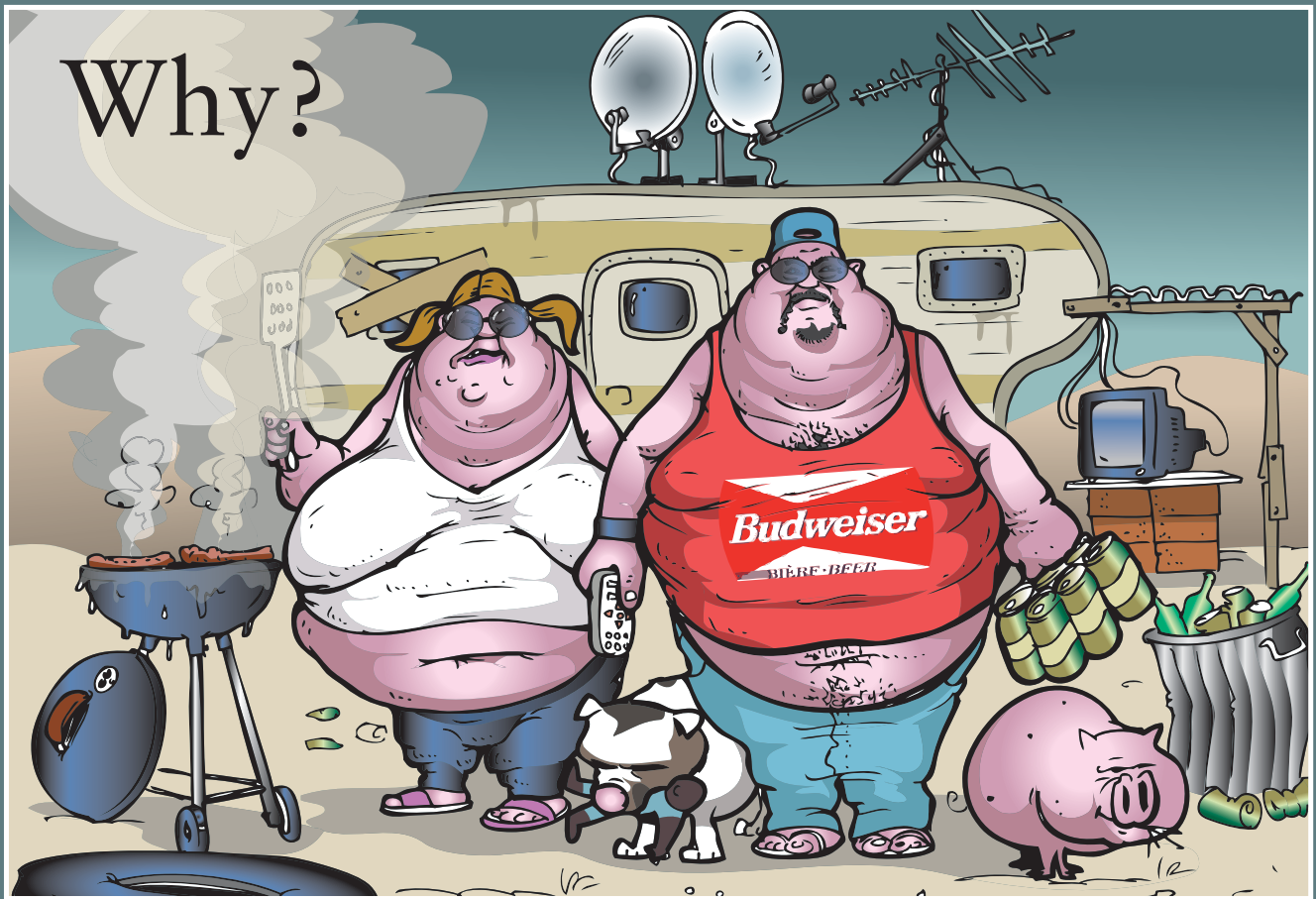
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TY PRESS RELEASE

Elemental Technologies announces a new product launch



Seattle, WA, January 11, 2011 – Elemental Technologies, a design and manufacturing company located in Seattle, has recently released the **Ninja**, the latest version of its Vape-or-Smoke brand of smoking pipes. It is a convenient and portable compact modular pipe containing a windproof refillable butane lighter.

This product release is a upgrade from the first generation model that debuted in August of 2010 after many years of development. There are a number of improvements from the original design, including a medical grade stainless steel bowl, a mouthpiece that uses US FDA approved plastic, an enhanced butane torch lighter that produces cleaner combustion and an improved particulate/heavy resin trap. All these improvements results in a cleaner and cooler smoking experience and one that is similar to that of a cigarette. Like the original model the pipe is made only from high quality materials and is constructed of the tough carbon filled, non-slip, composite frame and cover that withstands high temperatures, impact and heavy use. The Vape-or-Smoke was designed with 7 modular pieces 6 of which are sold separately and will be offered in multiple colors for customization.

The Vape-or-Smoke is a multifunction pipe that can be used as a personal vaporizer and a traditional smoking pipe. Currently new applications and accessories are under development to enhance the product, including use for shisha and e-cigarette liquid. Vape-or-Smoke is truly "The Ultimate Tool" The flame is adjustable which allows smokers to fine tune their technique to create the perfect smoke or vaporizing experience. The pipe was designed to be discrete and is no larger than a cell phone that can easily fit in your pocket, purse or case. It is easy to operate and unlike other smoking pipes, it can be used with only one hand (even with ski gloves on). It has been



tested at altitudes of 10,000 feet; wind to 50 mph and in heavy rain (videos available on YouTube).

The Vape-or-Smoke was originally conceived on the ski slopes and has also been described as an all weather smoking pipe that can operate in gale force winds or heavy downpours. The unique properties of the device is that the user can smoke their favorite tobacco or vaporize it all with the same device. Unlike other vaporizers which require time to heat the medium, with some practice the Vape-or-Smoke vaporization is nearly instantaneous. However, vaporization of tobacco can be difficult under some conditions due to its varied moisture content.

The product had its American debut in Las Vegas at the American Glass Expo and C.H.A.M.P.S. and internationally in Amsterdam where it received overwhelmingly positive reviews from experts across the industry. The customer reaction has been quite positive, especially on its size, design and the ease on which one can utilize tobacco. +

Cartoon





GOING GREEN

By Ashley Koshie

Oil companies turning to green philosophy, nuclear power plants advertising their “greenliness,” automakers shooting their gas-guzzler commercials in pristine nature, pharmaceutical companies providing eco-friendly packaging: the list is endless. After gouging the people and laying the entire planet to waste, these mainstream miscreants are now using the G-word to pull more wool over the eyes of the masses. In the last couple of years, you have GREEN in more commercials than ever before. Corporate ideology isn’t in effect unless there is a “GREEN” chapter to it. In fact, there is an entire generation of Green men in the making.

A couple of decades ago, the world went through an “organic” phase. However, to get a product or an industry organic certified, there was a strict program. Not so with the G-word. A plastic-plastered contraption of synthetic rubber and a galvanized steel body suddenly is splashed all across billboards and TV screens as Green because it uses some natural fibers in its floor mats. A nuclear power plant is claiming Green by going on a program where discarded printed paper is reused as scratch pads. Petrochemical-based cleaning detergent is now Green because it has a green plant on its container. Life is getting to be a green farce. Now there are green consultants who can provide any industry with green technology based on such insignificant changes. Of course, the key two words constantly used are “baby steps.”

Take a moment to lift your foot off the gas pedal, take that long-intended walk through a trail in the woods, sit on the beach and hear the waves crash, lie down at night on the ground and look into the desert sky, and pause to ponder how we would be if we were truly green. It has been only in the last 150 years that mankind has moved from the natural path to one controlled by contaminants. From the clothing we have started to wear, the food we eat, the houses we live in, the climate we alter, the gadgetry we depend on, the drugs we’re so entwined with, the list goes on and on. We have in the last few millennia moved as a species from the different ages, the stone, the iron, the agrarian, the industrial; and guess where we are now — the information age. Shouldn’t we as a species demand that we get the best information in this age? We have seen that in all the different ages, the world has been controlled by the few, and the rest of the species, as always, have been the drones. Age of information looks headed in the same manner, with the media controlled by a few who determine the mindset of the masses.

With the information age, we now have the power to be able to seek out information from several sources. Social media are going to wipe out commercial propaganda, and the media moguls know that and they are working fast and with enormous vigor to have their avatars spread their word via this forum. Already well-known bloggers and Internet newsmakers are virtual entities controlled by a few key organizations. Since all this information is via a virtual world, the concept of a face-to-face interaction is not there anymore. The current generation of children is being induced to live in this kind of an environment by properly placing the Nintendo GS for a birthday, a PS3 for a good report card, a Mac book to replace the old clunker, and soon they will be the pillars of society; and when their kids only have virtual friends and instructors, it would not bat an eyelid. We need to work social media fast, get

the information to us from true resources, find out and filter contaminated information, and be able to head to a planet-friendly way of life; otherwise, in the generations to come, most people would be half-human and half-machine, as the several sci-fi movies have depicted. The way we're going, maybe it would be mostly machine and part human.

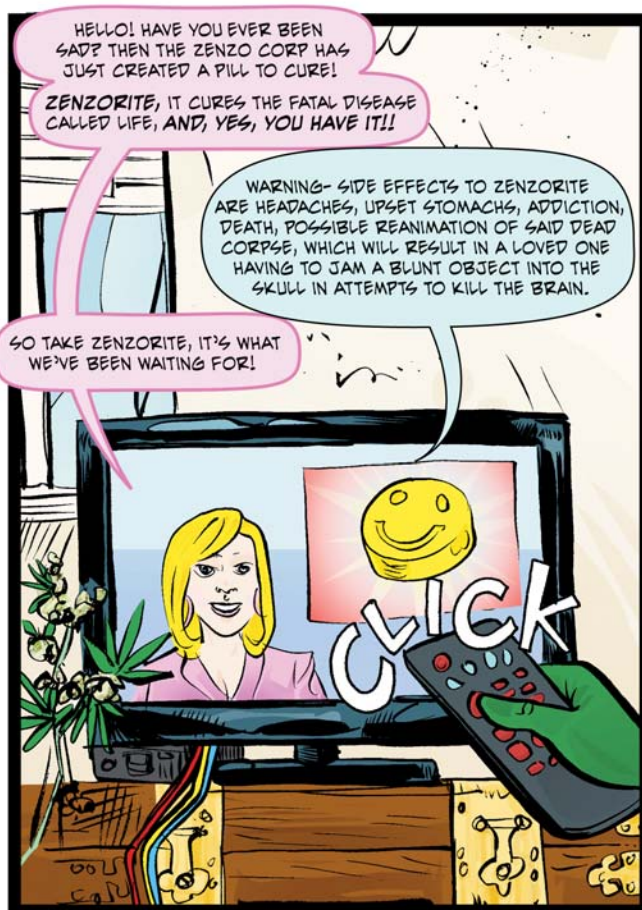
Right now we humans have the responsibility of planet Earth on our hands. This is the planet that has nurtured our species for tens of thousands of years; we have the power to destruct the entire living conditions in a matter of years, or we could strive to heal the wounds we have inflicted and hope to provide our future generations with natural life. A change in this direction would have to be radical, not by baby steps. First and foremost, we need to get our physical forms to be devoid of chem-

ical toxins, and for this we should change completely to natural medicine. Let us combat our change to Green with Green medication. Ayurveda, the oldest form of medicine, is completely green, and this should be mainstream. Cannabis is an active ingredient in many Ayurvedic recipes, and that should be properly harvested for its therapeutic values. The reign of pharmaceutical companies has to end; we need a revival of soul. A change of progress toward natural elements.

The information has to be given through mainstream communication, through newspapers, through seminars, through government-funded projects, at schools, at workplaces, at churches, temples, mosques, and synagogues: wherever people congregate. Let's go green the green way. Every culture has a natural recipe for medicine. Let's promote the real Green men. 🍃

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"NOTHING ON TV,
EXCEPT GARBAGE!"



BY BOULET



A Son's Tale

By Harry Resin

It's rare to find positive stories in the media when it relates to Cannabis but this is changing more and more these days. This year at the Cannabis cup in Amsterdam I had the pleasure of meeting the family of Keegan O'Shea, Marco had met them on the shuttle bus to the Greenplace coffee shop where he introduced me to them. The family had a unique story which we felt needed to be told.

Keegan was a typical California kid, but growing up he was afflicted by terrible stomach problems and viscous headaches. From the age of 5 he was always sick, constantly fighting to complete one of the most basic tasks, eating.

His mom, who was a local teacher, brought him to as many specialists and doctors as they could find. Many years later and after many diagnoses all the doctors were still left scratching their heads. It seemed that what Keegan had was un-diagnosable. When his older brother, Zachary, got systematic lupus and underwent chemotherapy for his treatment he was introduced to medical cannabis. Living in California gave the family the opportunity to get the information they needed which allowed them to see Cannabis under a new light. It began when Keegan's older brother started off with a Marinol treatment. This didn't work so well so they went to a compassion club and tried the real thing. It worked. It alleviated the side effects that he had from the

chemotherapy. As Mrs. Vance saw the plant work it's magic on her older son she decided that maybe it would also work on Keegan who at this point was 16, weighed 120 lbs and was 5'9".

As he was still 16 his mother monitored his medication and within a few months the medicine worked. Keegan started to gain weight and was finally feeling better. His appetite improved and his stomach problems were improving, his insomnia disappeared and his migraines got better. As he got towards his eighteenth birthday he talked more and more about wanting to go to the cannabis cup and to visit Amsterdam. Unfortunately as he got closer to his goal he went to sleep one night right before his eighteenth birthday and didn't wake up.

In order to honour him his family which included his mother, his brother and his brother's girlfriend decided to attend this year's cannabis cup. In a way Keegan was able to attend as the family had brought his ashes to scatter in Amsterdam during the cup.

Keegan will live on as his final resting place was the city he dreamed of visiting. This story may at the outright seem like a sad tale but in reality I look at the story with hope. Hope that other people will be able to in the future have total free access to a plant that provides medical relief on so many levels. This plant changed this boy's life even if it was for a short time. As cannabis gets more and more accepted as a valid form of medicine it will continue to affect change for those sick people that find relief from it's beneficial properties. The ramifications of this to me are huge, it shows that this plant as some of us in our community already know can change lives. 🍀

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DEREK'S STORY:

MEDICINAL MARIJUANA USE IN TREATMENT OF
PSYCHOLOGICAL TRAUMA

By Mike Day





From the start of his career as a volunteer firefighter/paramedic in the Pittsburgh area at the remarkably young age of 16, through his advancement to chief flight paramedic and outreach education coordinator managing three different air rescue bases in northern Arizona, Derek had seen his share of tragedy.

His training and seniority often put him right in the middle of the most horrific accident scenes, and fatalities were an all-too-frequent part of the job. Dealing with those fatalities, be they men, women, or children, was also part of the job.

“Among all the living species on Earth, human beings are the only ones who have learned to stop the dying process,” he says. “I was getting in the way of the Grim Reaper, sometimes head-on. On some days we won, and on some days we didn’t.”

Occasionally, those losses extended to the men and women that he worked with, and had often also trained, among the ranks of emergency response professionals in Arizona both in the air and on the ground

“In my 20 years on the job,” he says, “I personally knew five people who committed suicide.”

Derek, however, appeared to be one of the last people who would fall prey to the kind of psychologically traumatic burn-out that plagues firefighters and medics to the extreme point of taking their own lives. From a very young age, when he slid his bike down a street in the rural area of Pennsylvania where he grew up 25 miles outside Pittsburgh, was run over by a car, and then saved from a lifetime of facial disfigurement by the actions of a volunteer paramedic who was also a full-time car mechanic, it was all he ever wanted to do.

“From the time I was 14 years old,” he says, “I never had a single thought of doing anything else. I felt like I had to give something back.”

Starting his career as a volunteer firefighter just two days after his 16th birthday, Derek would soon develop a well-earned reputation for staying cool under pressure. Upon moving to Arizona to advance his career as both a firefighter and paramedic, his job responsibilities reflected that — correspondingly expanding to include training and educating outside agencies and their personnel in addition to his own crew members while he continued to go on emergency calls as well. He was good at his job, and his superiors and his crews knew it.

Nothing in his 20-year career in emergency services, though, as well as the training he received prior to going on the job and the continuing training he received while on the job, sufficiently prepared him to deal with the extreme nature of the tragic events that occurred in June 2008. The effect that those events would have on him pushed him to the brink of suicide, and the initial treatment that Derek under- ➤

went to deal with the psychological trauma that those events inflicted on him that nearly robbed him of his life fell woefully short of repairing the damage that trauma caused, after which he was literally abandoned by the people he worked for and put his life repeatedly on the line for.

Forced to choose between a life of permanent disability due to post-traumatic stress disorder or curing himself, he almost completely on his own created a treatment that would finish fixing the damage done.

And ironically, Derek himself would probably have been the last person to have speculated prior to the events of June 2008 that the treatment method he came up with that literally gave him his life back would involve the medicinal use of marijuana.



"I'm not exactly a poster-child for pot smoking," he says now, nearly two years after the events that brought an unprecedented level of change to his life occurred, and he's right. At just over 6 feet and 200 pounds, fit and with his hair near crew-cut short, he still looks like what he was for more than 20 years between 1986 and 2008 — a firefighter and paramedic, about as far away image-wise from a tie-dyed, bong-twirling Southern California surfer and Bob Marley enthusiast as one can get.

The way he carries himself, from the tenor of his voice to his posture through the almost painfully blunt way that he addresses the events of the last two years, makes it easy to see why he was right in the middle of the two tragic air-rescue accidents that occurred in June 2008 in the Flagstaff, Arizona, area. The two crashes, involving three helicopters and seven fatalities happening within 72 hours of each other, were a tragic first in helicopter aviation rescue history.

The first of the two accidents occurred on June 27.

The First Accident

"At that time, I was in charge of outreach education, and managing or assisting in the management of bases in Show Low, Prescott, and Kingman," Derek recounts, "and pulling flight paramedic shifts out of the Show Low base. I had just finished a 12-hour shift in Show Low, driven back to Flagstaff, and gotten to sleep around midnight. At approximately 4 a.m., the phone rang, and I was told that Air Evac 31 was down and that they were transporting the crew to the Trauma Center in Flagstaff."

Air Evac 31, flying out of Prescott with a pilot, medic, and flight nurse aboard, was responding to an emergency call from the fire department in a town just south of Ash Fork, about 50 miles north of Prescott, on a high-speed motorcycle accident approximately two miles outside of town when it went down just after 3:30 a.m., rolling over



four times and throwing two of the three crew members out of the helicopter as it slammed into the ground.

"You could not have picked a worse place to crash," Derek notes. "It was the tiniest place in the middle of nowhere, the kind of town with one fire station and one truck with a headlight out. Prescott was the base that I had just left as my full-time flying base, a base that I had helped start up. Everyone there was like family to me, so I was the first one to be notified."

As he got dressed and rushed to the trauma center just two miles from where he was living at the time in order to be there when the injured crew arrived, Derek had no idea of the extent of the injuries that they had suffered. "I was told that they thought everyone was still alive," he says, "but there had been some chaos. There was bad communication. They were out in the middle of nowhere."

The procedure in an emergency situation calling for air

rescue assistance is for the highest-ranking member of the on-scene emergency crews responding to the accident to determine the landing zone for the helicopter, and in this case the FAA would later determine that the wrong place was chosen to direct the helicopter to land — with drastic consequences.

“The LZ was like fine talcum-powder desert,” Derek says, “like walking on the moon. Every step you took kicked up dust. It was like two to three inches deep. This really hit me personally because I had gone out and done this fire department’s landing class, and apparently they just didn’t listen. They never walked the field where they told the pilot to land. The whole crew is under night-vision goggles, so when the pilot tried to land the dust got kicked up through the rotor blades, and that throws everyone’s equilibrium off. This is called a ‘brownout.’ On the helicopter, they thought what was going on out-

nurse, who was in need of immediate assistance due to an unstable airway and was having difficulty breathing.

“He was conscious, but I could barely recognize him,” Derek recalls. “His flight suit was all cut up, and it looked like his whole body was covered in this light brown powder. He was just caked in it. He was in shock, and he kept saying ‘I thought the helicopter was going to explode. I thought it was gonna burn up.’ When he recognized my voice, he asked me to call his wife and kids.”

The nurse told Derek that he had landed just 20 feet from the body of the helicopter on top of one of the rotor blades, which were covered in jet fuel. Blinded by the dust, he couldn’t see the aircraft’s jet engine, which had come to rest just three feet from his head. Feeling the intense heat from the engine, though, and smelling the jet fuel, he was sure that the heat would ignite the fuel and it would burn up, taking him with it. Despite multiple



side was the complete opposite of what was really happening. They came in tail low, and when the tail hit the ground it blew the helicopter everywhere. It was just like trying to land in a blinding snowstorm.”

“Everyone who was thrown out of the craft was thrown through the moving blades,” he added. “It was unbelievable that no one got cut in half.”

Derek covered the two miles from his apartment to the trauma center in just two minutes as three other helicopters were dispatched from the next-nearest bases in northern Arizona to rescue the injured crewmen. As he was a familiar face at the hospital, where his wife (whom he was separated from at the time) also worked, he dashed straight through the lobby and up to the helipad, where he waited 45 minutes for the first helicopter to arrive.

“It felt like it took forever,” he says.

The first helicopter finally arrived, transporting the male

internal injuries, fractures, and extreme difficulty breathing, he still had tried to crawl away from the heat.

Derek also learned that the dust had been so thick that it took rescue personnel on the scene a near 20- minute eternity to find the crew.

Derek grabbed his injured crewmate’s hand and kept talking to him, holding on to him as he was transported down the elevator and into the trauma room, where the entire ER staff was waiting. He then continued to hold onto his hand as the staff went to work.

“Everybody there knew not to push me away,” he says. “They worked around me. They never asked me to leave.”

Derek soon heard over the hospital intercom system that the second rescue helicopter was five minutes away, transporting the flight medic, but as he tried to leave to make his way back up to the helipad, the male nurse ►

wouldn't let go of his hand.

"He still couldn't see because he had so much dust in his eyes," Derek recalled, "so he locked onto my voice. I wanted to leave the trauma room, there was nothing more I could do and I wanted to be there for my medic, but he wouldn't let go of my hand. I was locked into this kind of emotional Catch-22. That's when Courtney, an ER tech we both knew, came up and kissed him on the forehead and took his hand out of mine, telling him she wouldn't leave his side. So then I ran back up to the helipad to wait for the second helicopter to touch down."

What Derek didn't know at the time was that the medic, a retired battalion chief who had been flying for 25 years, had sustained the worst and most life-threatening injuries of the entire crew, and was barely clinging to his life as he was flown unconscious to the trauma center.

As they touched down, Derek was informed that the man had suffered extremely severe internal injuries. Though he was unconscious, Derek still repeated the routine he had just performed with his male nurse, taking the medic's hand and talking to him as he was taken off the helicopter and transported down the elevator and into the ER.

"You learn in medic class," he says, "that even if the patient appears to be unconscious, you still have to watch what you say because in many cases the brain is still awake. They could be in a coma, but still be completely awake and in pain and not be able to tell you." As if the scene wasn't chaotic enough at the time, that's when Derek's phone began ringing non-stop. He had managed to get off two phone calls, one to the male nurse's wife, who was not answering, and another to his own estranged wife, telling her what had happened and asking her to get over to the male nurse's home to wake up his wife and get her to the hospital as fast as possible. Then the barrage of incoming calls hit.

"People had started to hear about what happened," he says, "and if you include everyone, Air Evac has a total of about 400 employees. I was management, so my phone number was one of the easiest ones to find. So people are calling my phone like crazy, and I'm just trying to be there for my guys, so all I could tell them was that everyone was still alive and I had to go. They didn't understand that everyone was calling."

As he was waiting with the medic to get him in for a CT scan and trying to answer his phone and get off it again as fast as he could, Derek became aware of the extent of the man's injuries, and how close he was to death.

"He was white as a ghost," Derek recalls, "almost as if you'd drained all the blood out of him. They couldn't get a pulse on him, he was about to go into cardiac arrest,

and I actually expected him to die before our partner got out of his CT scan. They had multiple IVs going into him trying to get his blood pressure up, and every time they tried to draw blood it was half blood and half IV fluid. When you have certain internal injuries, you can lose 60 percent to 70 percent of your blood into your abdominal cavity bleeding internally, so they were just about to start CPR when they finally found a pulse. So in my mind, it changed to he's not going to die now, but he's going to die tonight. There's no way he's going to make it to the next day."

When Derek finally saw the x-rays on the injured medic, his worst fears were confirmed.

"I thought there was no way anyone could live with what I'm looking at."

Amazingly, after a full year of surgeries and physical rehabilitation, the man eventually pulled through and got back on a helicopter, even though it was assumed for months that he would never even walk again without assistance.

"He is a miracle story," Derek says now. "They show his x-rays in med school now, showing that you never write someone off. He was over 50 years old with a will to live that was unbelievable."

Though that was the case a year later, Derek still had to overhear the trauma surgeons arguing that night over which injured man to bring in first, not sure if the medic would survive at that point. That's when he heard the third helicopter touching down with the injured pilot.

"So I ran back upstairs to meet the pilot. He was the best off of the three physically, but he was carrying a heavy burden. He was crying, 'What did I do? Oh, my God, what did I do?' At that point, he wished he was dead."

The pilot, who had suffered fractures and soft-tissue injuries, had apparently tried in vain to find his crew after the crash.

"This was devastating to him," Derek says. "He told me on the elevator that after the crash he could hear them calling for him, but he couldn't find them. A firefighter on the scene literally picked him up and carried him away from the wreck, afraid that it was going to explode. But he kept saying 'No, I've got to go back for my crew. I've got to go back for my crew.'"

With all of his crew now at the hospital, Derek went back down to the flight nurse, who was drugged up but still conscious and still having trouble breathing, and the man began to fill him in on more details of the chaos that ensued after the crash.

"He was already saying he was never going back up on a helicopter," Derek recalls, "and he wanted to see his kids."

The man also told Derek that as he lay injured after the crash on the rotor blade, he had tried to blow the whistle and shine the light that Derek had given the entire crew for Christmas the previous holiday toward the voices he could hear, but he couldn't draw enough breath to blow the whistle. At that point, he tried to decide whether or not to open his own chest cavity with the scalpel he still had with him, knowing that the dust he would inhale with his initial breath would probably infect and kill him within days, but he was willing to do it just to buy enough time to see his son again and not die at the scene of the accident.

Derek had also begun taking on the role of the liaison between the injured crewmen, arriving family members, doctors, and other medical personnel arriving at the ER, though nothing in his previous training had prepared him for a situation like this.

"I was just trying to stay focused on answering calls and being there for my guys," he says. "I was doing at this point what I would have wanted someone doing for me."

After arriving at the hospital just past 4:30 that morning, Derek would remain there until Sunday morning at 2, alternating between spending time in each room where his injured crew were, monitoring them, and taking care of them while continuing to act as liaison. A bed was pulled into ICU next to his injured medic for him to sleep on whenever he could manage a few minutes, but various situations arose over the next 48 hours that kept him up and moving.

"The ICU was right next to the helipad," he remembers, "so every time a helicopter would land, my partner would wake up thinking he was back at the accident site."

To deal with this, Derek got maintenance to bring in a fan large enough to drown out the sound of the helicopters landing.

Over the next 24 hours the medic had multiple surgeries, and repeatedly almost died on the table while Derek focused on maintaining his composure watching his friend fade in and out of life and death.

"I just blocked out all of my own emotions," he says. "My wall was definitely up."

Of the 1,200 hours of paramedic training that Derek underwent, only two hours were devoted to coping with a situation like this, but it wasn't exactly "coping" that

was taught.

"They taught us to look out for the signs," he says. "You don't want to leave the job and start drinking until you go back to work the next day. You don't want to go home and kick the dog or beat your wife up. Those were the signs."

It wasn't until a decade into his career that they started doing what was called critical incident stress debriefing, to assist paramedics and firefighters in dealing with traumatic situations.

"Here was the problem with that," Derek recalls. "The veterans were like, 'Who needs that? This is just for the new guys. We've got to hold their hands.'"

"What we had when I started my career" he continues, "was called 'Choir Practice.' You got off work at 7 a.m., split a pitcher of beer and an omelet with your crew, talked sports, went home with a buzz, and that was that."

Finally, on Sunday morning at 2 a.m., Derek was ordered to go home and sleep by his superiors, who had arrived at the hospital over the previous 24 hours. He still didn't want to leave, though.

"I was afraid something bad would happen if I left," he says.

Utterly exhausted, he made his way back home to sleep. "I was so sleep deprived, I couldn't feel any emotions at that point," he says. "I knew it would affect me personally, but I knew I couldn't let it affect me right now. It was blocked. I needed to be there for my guys."

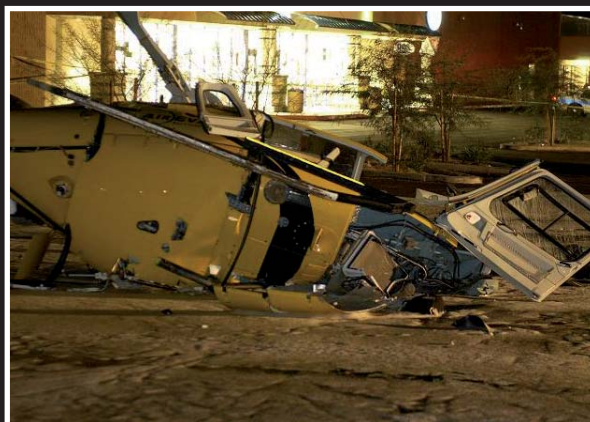
Unfortunately, the tragic events of that weekend were not over yet. Another horrendously tragic situation was about to unfold, a situation that was even more horrific than the first.

The Second Accident

Still utterly exhausted after eight hours of sleep, Derek got all of 30 minutes' wake time Sunday afternoon before he got the call that a second accident had occurred, and that another rescue helicopter was down.

"One of my flight paramedics from Air Evac, whose wife worked as a tech in the ER (at Flagstaff Medical Center), called to tell me that she had just called him and told him Lifeguard 2 had just gone down. It had crashed into the side of Mount Eldon. I asked him when, and he said right now, it just happened."

Though the downed helicopter was not with the company Derek worked for, he still felt compelled to respond. ➤



“Why I felt like I had to do anything to this day I don’t know,” he says. “It was just an automatic reaction. We were all like family,” he says of the air rescue community of northern Arizona at that time. “Competitive, but still family.”

As he left his apartment and rushed to his car, Derek could see the smoke plume from one of the two wrecks. At this point, he still didn’t know that a second rescue helicopter had also gone down.

“I got to the hospital in about two minutes,” he says. “The accident site was about 500 yards from the ER entrance. Half the ER staff was outside just standing there. A flight medic was also standing there, just catatonic. People were crying and screaming.

What Derek didn’t know at the time was that the catatonic flight medic was part of the crew of one of the two helicopters that had just gone down. His helicopter was unable to do a hover landing at the medical center while he was aboard because it was overweight with a full crew on board plus a patient, so the helicopter did what is called a skid landing that mimics a plane, landing at an airport just two miles away from the hospital to let him off so it was light enough to hover-land on the medical center’s helipad.

Tragically, this action would set in motion a chain of events leading to the helicopter collision over the helipad just minutes later. A second rescue helicopter from yet another company was also converging on the medical center with a patient, and though both pilots knew that they were converging on the helipad in close time proximity to each other, a breakdown in communications failed to warn them that the crucial minutes they thought they had between landings had been erased by the one helicopter’s action of letting off that medic.

Moments later, both helicopters were on final approach to the helipad, one coming in from the south and the

other from the north. Unable to see each other due to their landing angles, the two collided just 500 yards short of the helipad, sending both aircraft careening onto a mesa in the foothills of the mountain.

“As I pulled into the ER,” Derek recalls, “I saw a medic and an EMT arguing about which way to go. This was the first I heard that there was a second helicopter involved.”

Still not quite comprehending what happened, Derek launched himself into response mode.

“I walked up, grabbed both of them, and yelled, ‘Go over there and you’ll know what to do when you get there.’” pointing then to the first accident site. “You’re the only other ambulance in the city. You need to be there.”

And then Derek ran to the ambulance with them. “I don’t know why,” he recalls, “but I was going.”

At that point, Derek also called the director of Air Evac to inform him of the situation, as he had just left that morning after being at the hospital with the injured Air Evac crew over the weekend, and to let the director know that he was responding with the Guardian ground crew. The man told him to be careful, do what he could do, and remember that he was a member of Air Evac.

“The question was,” Derek now says, “was I on duty at that point, or wasn’t I? He could have said no, you have no business being over there. Go be with our crew. In hindsight, that’s what he should have said, because I had just been through something very traumatic, and this is the reason why we pull people off the helicopters before we let them touch anyone else or go on other calls. No one checked me out to be going anywhere yet. He was supposed to be able to put the brakes on, like I would have with one of my crew.”



As the ambulance Derek was in rolled toward one accident site, a police officer redirected them to the other accident scene. It wasn't until that very moment that Derek fully realized that two helicopters had in fact collided and gone down.

As they pulled up to the accident site, they came upon a flight nurse who had landed 80 feet from the downed helicopter and was unconscious with a serious head injury. As they jumped out of the ambulance to assist the nurse, Derek looked over his shoulder and realized that the pilot was still stuck in the downed craft, and jet fuel was leaking out everywhere. He raced up to assist in assessing the pilot, and then ran back down to help transport the nurse to the hospital.

After unloading the nurse at the hospital, Derek returned with the ambulance crew as they went back to the accident scene for the pilot. When they arrived, they found the pilot of a state police helicopter, who had flown to the accident scene to assist, giving the other pilot CPR. The man was on the ground and in full cardiac arrest.

As Derek and the ambulance crew joined the other pilot and Flagstaff Fire Department personnel to assist, he was informed that there were no survivors of the other crash.

Tragically, the liquid oxygen tanks on the other helicopter exploded shortly after the craft went down, killing the entire crew before they could be pulled from the wreckage. Two Guardian paramedics had just managed to extract the patient from the aircraft and got just a few feet away from it carrying the patient when the explosion occurred, throwing them both nearly 100 feet from the wreck. The force of the explosion killed the patient instantly, rendering his remains nearly unidentifiable. Fortunately, both of the paramedics survived, but with injuries that required extensive treatment in the immediate aftermath of the tragedy.

After the pilot was transported to the medical center,

Derek found himself standing outside of the ER covered in jet fuel, dirt, and blood.

"That's when all three days hit me," he recalls now. "I remember thinking 'How could this have happened? How could this all have happened?' That's when I felt my knees go weak, and I started to get sick."

That's when he also realized his wife, Kelly, who had (unknown to Derek) responded to a hospital-wide disaster page and was assisting in dealing with the near-overwhelming situation at the med center as an ER nurse that day, had come outside to get him, and was gently trying to lead him back inside to get cleaned up.

"You could smell the fire and the jet fuel throughout the whole hospital," he remembers. "I knew that was going to set my one conscious partner off in the ICU. He and the pilot had to relive their accident tenfold when they were told that their friends had crashed and they were all dead. The nurse that I worked on, who had been the only initial survivor of the midair collision on Sunday, was in the room next to my pilot, and he died the next day."

The incident still weighs on Derek to this day.

"There are so many things you can look back on," he recalls. "There are so many things that could have happened to stop it...but didn't. It was just the perfect combination of things that led to this immense tragedy."

The Aftermath

After spending Sunday night with his injured crew in the hospital, Derek was again ordered by his superiors to go home, where this time he collapsed and slept for 18 hours. Company officials had finally stepped in to take over support of the injured crewmen and their families, leaving Derek with nothing to do outside of whatever he felt he needed to do.

"Over the course of the next week," he recalls, "I never ▷

ate a meal alone. I was always with a coworker, and usually it was a group of us. It was a spontaneous way of coping. I was never alone unless I went home to sleep. Everyone was agreeing to go home at the same time, and meet the next day at the same time. This was nothing official. We were just trying to be there for each other. Nothing like this had ever happened before.”

Group meetings also began with counselors, therapy sessions with members of the base, some family, and occasionally a combination of the two meeting once and sometimes twice a day. This went on for the next ten days.

“It was a way for people to vent,” Derek recalls. “A lot of people were mad. There was a lot of anger, and there were a lot of misconceptions about how things should be dealt with.”

Unfortunately, these sessions didn’t do Derek any good.

“It wasn’t helpful to me,” he explains, “because none of the people there...they were all seeing it from an outsider’s perspective, being there hours or days later. Nobody was there from the very beginning like I was.”

Derek also felt his own emotions getting ready to blow.

“I sat there many times thinking, ‘How could you be so upset?’” he recalls. “You didn’t see it. You didn’t smell it. I mean, I understand them being upset, but I still felt like I had much more of a right to be extremely angry and extremely depressed, but I was still holding it together better than people who weren’t there. I still wasn’t letting my emotions out. I was getting mad at them. It was like, how dare you? What I didn’t realize at the time was that this was a kind of protective mechanism I was doing that had kicked in.”

One thing the group therapy sessions did make clear to Derek was that he was going to need to seek help for himself.

“I knew during the first couple of therapy sessions that I was going to need to see somebody in private,” he remembers. “I did know that. During the group sessions they were asking me questions, and I was responding as best I could. I was helping them through counseling, but it wasn’t helping me. I was on the wrong side of the therapy.”

People around him began noticing that Derek was not himself, and that he was in trouble.

“I was showing no emotions outwardly,” he remembers. “People could see that I was holding it in and ready to lose it, to explode and go off the deep end. I

wasn’t looking normal to them. My facial expressions and reactions were different. I had what some people call the ‘thousand yard stare,’ like you see in veterans of wars like Vietnam or Iraq. I looked different. I was slightly catatonic without knowing it.”

The group therapy counselors also noticed the difference in Derek, and alerted his supervisors that he needed help.

“I wasn’t sharing my emotions with anyone,” he explains. “At that point it was clear to them that at any moment I could go home and blow my own head off.”

Unfortunately, it wasn’t until a full week after the accidents that the counselors noticed this change in Derek and tried to get him help.

“I think that was a little late,” he says now. “At that point I didn’t feel I had any input in it. I didn’t feel I needed or didn’t need it. I just did what I was told to do. I was on autopilot, but with less of my senses than when the accidents were going on. When I was with my partners in the ICU, I had something to focus on. Now I had nothing to focus on.”

When the company did finally attempt to help Derek, the services available turned out to be fraught with problems or woefully inadequate, as if the company had never planned for this kind of situation and were unprepared to deal with it when it occurred.

“I was left on my own,” Derek recalls. “They didn’t help me find anyone. I was told that if I wanted to do it through the company, I’d have to go to Phoenix, over two hours away. It was 150 miles to the closest counselor that they could provide.”

Derek then found out through the company’s 800 information number that he was guaranteed eight sessions with a mental health professional, so after searching for two days and running up against multiple refusals, he located the only post-traumatic specialist in the Flagstaff area that was on the company insurance plan.

“Most of the counselors in the area were for rape victims or family trauma,” he found out. “There was almost no one there for a public safety worker in need of help. This was a whole different monster.”

As no one on the base was going to be let back to work without counseling, Derek located a “crisis counselor” who worked with public safety people in the Flagstaff area, and set up an appointment.

This would turn out to be yet another disaster, a disaster that almost led to Derek taking his own life. ▷

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The Counseling Attempt That Failed

Ten days after the accidents, Derek had his first individual session scheduled with the only mental health professional in the Flagstaff area who claimed to be qualified to work with public safety personnel suffering from post-traumatic stress disorder.

From the very start of the sessions, things went drastically awry. Derek entered the man's office, which was directly adjacent to the medical center, sat down on the couch, and found himself looking out a window that featured a view of the med center's helipad on one side and one of two accident sites on the other, the site where the fatal explosion had occurred. Five minutes into the session, a helicopter came in to land on the helipad.

"It was so close, the vibrations from the helicopter rattled the window and shook the pictures on the walls," Derek recalls. "I immediately broke into a cold sweat and became extremely nervous. I was literally waiting for that helicopter to crash. I had tunnel vision watching it, completely focused on every movement of the tail section, and I completely spaced out on the doctor even trying to ask me questions. I literally put myself in that helicopter. It wasn't until it was completely down and landed that I realized the doctor was sitting next to me on the couch, trying to break my concentration on the helicopter."

It apparently did not occur to the therapist that this was the wrong place to meet Derek, considering the circumstances and the experiences that he had just gone through.

"He was also so blown away by what I went through as I was going through the story with him that he was left kind of awestruck," Derek observed. "He was floored, and he couldn't help me."

To make matters worse, the therapist was unable to prescribe any medications for Derek to provide him with any kind of relief from what he was going through, and told him he'd have to go through the psych ward at the hospital to obtain anything along those lines.

"In the end I just said f*** it, I need to get out of here," Derek recalls. "My knees were weak and shaking, and I had a panic attack leaving his office."

The man hastily set up another appointment for 48 hours later, but then called Derek the next day to reschedule, telling him he forgot that they needed to find another location to meet.

"It was a total breakdown of the mental health system," Derek now says.

Unfortunately, the result of the disastrous first meeting and the botched second meeting caused something inside of Derek's head to finally snap, and the results were far from positive.

"Now I was finally speaking up," he remembers, "and not in a good way. I was nervous, I was mad, and I was edgy. I was snapping at people. I was hostile. I was finally starting to unravel, and I felt like no matter what, I had to keep moving."

Despite this, Derek was thinking that his best course of action was to force himself to get back onto a helicopter and face the source of his anxiety head-on, like a kid getting back on a bike after falling off. The therapist warned him, however, that this was probably the worst thing he could possibly do.

"The guy said absolutely not," Derek recalls. "He told me that this approach only works about 10 percent of the time, and I didn't want to know what could happen the other 90 percent of the time. He told me that there was a good chance that the emotional overload could push me over the brink into suicide mode."

Derek was fast approaching that mode anyway. He found at this point that he could only sleep about one hour at a time, and when he did sleep, the nightmares were constant and horrific. His moods were becoming manic, he was having crying breakdowns, and he found himself smashing things in his apartment at random.

"That first day in that office unleashed everything," he now says.

To make matters even worse, when Derek went back for the rescheduled second meeting, the therapist was not there, never arrived, and did not call. As it turned out, he had been pulled into a suicide intervention and was forced to commit someone, and was unable to get word to Derek. That was when Derek gave up on therapy and decided to take matters into his own hands, taking the action that the therapist warned was the worst possible thing to do.

"I decided to take a shift," he recalls. "I was going to go up. I had to know whether I was going to be able to do this or not."

Though the therapist eventually called that night at around 10 p.m. and offered to come meet him immediately, knowing the shape he was in, Derek told the man to forget it. He had decided that he was not going back for any more therapy.

"I was either going to cure myself," he recalls, "or I was going to kill myself."

So no one would stop him, Derek decided to take that shift at a base far from Flagstaff, about two hours away. He also tried to plan it so that he would have no time to think about it, arriving just as the shift was to begin.

Unfortunately, that part of the plan did not work out as he wanted it to, and he inadvertently arrived at the base 45 minutes before the shift began.

"It was too much time," he now says. "I had an anxiety attack and couldn't get out of the car. It felt like I was having a heart attack."

Because of this reaction, Derek felt that he was now down to only one possible course of action.

"If I'd had my gun with me," he will now say without any hesitation, "I would have killed myself right then and there. My entire life was gone."

Though he did not have his gun, he did have a back-up plan, one that he felt would have a much more positive outcome.

"I had a wife and I had a daughter, and the only way I was going to be able to take care of them if I died would be to make it look like an accident. I decided to make my death look like a car crash."

Derek based his plan and the location of the accident on his own professional experience. He knew the area's mountain roads and dangerous switchbacks well, and he knew of one particularly dangerous curve where he had responded to seven different accidents over the course of his career in Arizona, a curve that had seen numerous fatalities.

He popped his Rally Race Addition WRX Turbo-Charged Subaru into gear, a car that would do 160 mph flat-out, and headed for that mountain road.

"As soon as I made this plan," he remembers, "the anxiety stopped."

To make sure that this looked like an accident, Derek decided that he would also need witnesses. To enable this, he planned to stop at a specific place on the road's incline, let three cars pass him, and then overtake all three cars on his way to the curve he would intentionally not clear, his intention being that it would just look like he was driving recklessly — with fatal results. Also based on his professional experience, he decided that he would go over the side with his seatbelt off, leaning against the steering wheel, thus guaranteeing the wreck would be fatal.

Suddenly, he was not only rid of his anxiety, he was thrilled.

"I was elated," he says, "that I had come up with a plan to take care of everyone and end the suffering."

What he had not planned on, however, was an interven- ➤



tion from a person who may have been the only person who could have stopped him from going through with his plan — his estranged wife, Kelly.

As Derek pulled out behind the three cars he intended to pass before going over the side, his cell phone rang. He looked down and noticed it was Kelly. He was approximately 90 seconds away from the curve he didn't intend to clear. As he upshifted, he answered his phone.

"She asked me what I was doing," he recalls. "The one thing she knew was the sound of my car revving up through the gears and getting up to a high rate of speed. Once she heard that, she wouldn't let me off of the phone."

He was now approximately 45 seconds away from the curve, and contemplating hanging up the phone anyway. "I did almost hang up on her," he will say now, "but she said she was having a real hard time with everything and she really needed to talk to me. When she said she needed my help, I thought about what I was doing, throttled the car down, and drifted into the side lane to talk to her."

Their estrangement had caused Kelly to lapse into a depression that had included suicidal thoughts. Now, in the strangest of role reversals, she knew exactly what he was doing. Knowing him well enough to know that she couldn't talk him out of it, she asked him for help

instead, and it worked. He pulled over.

"She figured out almost immediately what I was doing," Derek recalls. "She also knew what to say to get me to stop. Though I was perfectly comfortable with what I was doing, I wanted to make sure she wasn't going through one of her bad times, and she also said that she was worried about our daughter. At that point, I was thinking maybe I wasn't going to do this today."

She asked Derek to come down to have a cup of coffee and talk. Over the course of that conversation, she suggested that they give themselves a chance to change their environment, and that maybe it was the environment that was making them sick. By the end of the conversation, they had decided to take their daughter and leave Flagstaff the next day.

Discovering the Cure

Derek and Kelly packed everything they thought they'd need for anywhere from a few days to a few months out of town and left Arizona the following morning at 3 a.m., heading west for California. Not only did they not tell anyone where they were going, they didn't even tell anyone they were leaving. In the wake of their departure, a frantic drama ensued that could have escalated into a major incident.

When Derek failed to show up for his rescheduled >

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appointment the previous day, the therapist had tried to locate him at approximately 8 the following morning. In a strange bit of timing, he attempted to call both Derek and Kelly just as they had crossed the California border and were driving through a dead zone where neither of their cell phones would pick up a signal for almost an hour — not that Derek even had his cell on at that time during the trip.

Regarding Derek as missing for more than 20 hours at that point and knowing the condition he was in when he'd last seen him, the therapist contacted the police and had a state-wide APB put out on Derek, calling him armed, potentially dangerous, suicidal, and with a child. He also told police that, given what he had seen in Derek during their one and only session, he thought Derek was capable of not only killing himself but taking a few family members with him.

"He was generalizing," Derek now says. "Even at my worst, I would have never harmed my wife or my daughter."

The police, however, did not know this, and soon every officer in the state of Arizona was looking for him. When they arrived at a motel a few hours later, Kelly got a number of messages on her phone from friends who were concerned for her well-being and informed her of the situation in Arizona. Derek, knowing what was probably waiting for him by way of frantic messages from any number of people, opted not to even turn his phone on at the point.

Kelly then had to call the police herself to tell them that Derek was not suicidal, and was not at that moment holding a gun to her head and forcing her to tell them this. Derek then had to get on the phone and convince the police of the same. In the end, the officer he was speaking to made what Derek would later refer to as a "judgment call" and rescinded the APB, much to the relief of everyone involved.

Derek, Kelly, and their daughter then resumed their journey, and did not stop again until they reached the California coast and the seaside town of Marina Del Rey.

"I intended to get counseling in California," Derek recalls. "I needed to show myself why I needed to live. In retrospect, I really don't know why I was suicidal. It was probably because for the first time in my life, I felt like I wasn't in control. After that second accident I felt I was completely not in control of myself, and that was scary. It got to the point where I couldn't shower, I couldn't eat, and I knew this was wrong, but I didn't know why I felt that way. It actually took me a while to figure out that this was depression."

Though he was out of immediate danger, Derek was still far from all right and still needed to get help.

"You just didn't have breakdowns on this job," he explains. "I mean, we saw dead adults, dead kids, whole families dead, but you still didn't have breakdowns. But then again, nothing like this tragedy we'd just been through had ever happened in the entire world before. They were totally 100 percent reactive until these accidents, and then the Feds stepped in and said, 'You guys aren't cowboys, and you can't just do what you want. You obviously can't patrol yourselves, so here's the deal.' It took two years, but they finally laid down some rules."

Though these changes did eventually take place, at that time Derek still was in a position where he had to get help for himself, so after about a week of searching, he finally found a PTSD therapist in Southern California who only did PTSD and not multiple "specialties," a woman who worked with LA County Fire and Sheriff's personnel. Using his own health insurance, he set up an appointment.

The new therapy regiment was immediately different from the first. Sessions were twice a week, and it took Derek two sessions just to get the whole story out. Immediately after the first session, the therapist prescribed him 0.5-milligram Xanax pills to be used as needed for anxiety, plus 20-milligram Celexas, an anti-depressant SSRI, to be taken twice a day, and another drug called Busparin to boost the effects of the Celexa. After two weeks, she switched him from the Celexa to the maximum dose she could give him of Paxil.

"The meds took away the depression," he recalls, "but they also took away everything else. They took away my ability to be happy too. I was numb. I wasn't happy, I wasn't sad. I had no personality at all."

Derek also underwent a procedure called EMDR Therapy, a procedure that renders the patient desensitized to the traumatic event or events if it is successful. "They put a counter in front of your eyes that mimics what your eyes do when you're asleep," Derek remembers. "It also mimics what your conscience does when you're asleep. Then the psychiatrist brings out the accident while you're in this zone, and desensitizes you to make it all seem like a dream."

According to Derek, the procedure did work — to an extent.

"By the time she was done," he says, "I could stand under a helicopter while it was hovering. I could even get on a helicopter. Before this, even the smell of diesel fuel, which smells like the jet fuel we use in the rescue helicopters, would give me cold sweats. She disconnected all of



my sensory stuff that was giving me problems. That part worked, but what was left was anxiety attacks for no reason, short temper, and periods of manic and chaotic thoughts that were a lot like anxiety attacks. So it worked for the sights and sounds of the accidents, but it didn't take away any of the other mental health issues."

According to Derek, the procedure resulted in a strange kind of mental health trade-off that left him far from being cured.

"Now things that should have brought just minor stress instead provoked extreme reactions," he recalls. "Minor stuff like my daughter playing with her food would make me blow up. Everything was huge to me, and this was while I was still on the medications. It took away the depression, but instead I became a scary asshole."

Derek would describe his state at this point as being "functional but unstable."

"I was not a nice person to be around," he says. "My family was walking on pins and needles around me." Also at this point, with all of his sick time and all of his vacation time tapped out, Derek attempted to get back to his job and his career, and ran right into a company wall.

According to the procedure set by Air Evac for Derek to get his job back, after undergoing whatever therapy he chose to go through, he would have to take a test that featured a long list of multiple choice questions that to Derek at times seemed to apply to his job and his state of mind, but that at other times seemed completely random. A company-employed analyst would then determine from those answers whether he was fit to return to duty or not, with little or no explanation given behind the conclusions reached.

With the intention of getting his job back, he took the test.

"Some of the questions on the test were things like, 'Do you ever feel like you could run a red light and hit people?' or 'Do you feel like you could kill someone?' or 'Do you feel like you could kill yourself?'" he says. "After finishing the test I felt like I had no idea what just happened. I had no idea how I did on the test, and no idea what they were looking for."

He didn't get the test results back or hear from the company for four weeks, and when they finally did call, the confusion Derek felt after taking the test only got worse.

"I got a phone call from the human resources manager out of Louisiana, where the company is based," he recalls, "and he said, 'Well, I'm looking at a report from the company psychologist, and she feels that you will not be able to safely perform your duties as a flight paramedic for our organization and you're going to have to sign up for long-term disability. We just need your doctor to go ahead and sign the papers.'"

Derek, however, disputed those findings, telling the HR manager that his doctor sent them papers saying that he could go back and that there was nothing related to the accident that could keep him from flying now. Anything ancillary had nothing to do with his job functions.

"He told me, 'Sorry, but we don't provide psychiatric care for our employees, so I suggest you either take this and you will not fly again or you're going to have to resign.' I told him I'd get back to him, and I never spoke to him again."

Derek now feels that they were trying to get him to get a third party to say he couldn't do his job, so then they could fire him.

"They work the system," he says. "They're the largest helicopter support corporation in the world. They know the right things to say. If they're providing treatment, and their physician says I can't fly, that makes them responsi- ▢

ble. He was trying to get a private physician to say that I couldn't fly, so then they could go to the state and say they weren't responsible. Basically, they were trying to get me to quit because it was going to cost them too much money. It was like, they were not going to fire me, but they weren't going to pay me, either."

Derek felt at that point that his only option would be to sue the company to get them to pay for treatment, but he also knew that lawsuits took years and his health insurance to keep up treatment was now all used up.

Not entirely clear on what to do next, Derek decided on a whim to get a tattoo, and while he was at the artist's shop, on another whim he also asked the man if he could get him some marijuana.

"I hadn't smoked pot in over ten years because of my job," he says.

What he did not realize at the time was that he was about to stumble onto the key to completing the treatment that would give him his life back.

The Use of Medicinal Marijuana in the Treatment of PTSD

At a recent stop at a PO Box store, Derek discovered to his slight amazement a number of magazines devoted to documenting the potential uses of marijuana as a medicine.

"I was shocked," he says. "I'd never seen anything like these magazines before in my life."

Out of curiosity, he picked up a few of them and took them home to read, and discovered a number of articles on using marijuana medicinally to get off of other drugs. "By then," he says, "I wanted to get off the meds because I knew they weren't for me, but I didn't just want to come off of them cold turkey. They had become a sort of routine."

But when he got home and smoked the pot he scored from the tattoo artist later that night, he immediately noticed something had changed.

"Suddenly everything was good," he remembers. "I'd never smiled so much in my life. What really hit me, though, was that I breezed through the next day without smoking anything, and life was still good. This was not while I was high. This was the next day. I have to admit that I was really blown away. I didn't smoke at all that next day, but the whole day was still awesome."

One of the first things he noticed was that the radical mood swings he had been enduring had suddenly stopped.

"My daughter was late for school that day," he remembers, "and on any other day I would have completely blown up. That day, though, it was okay. I told her to go ahead and finish her cereal. Life was good. I actually got things done that day."

Given the results, Derek began a routine of smoking just before going to bed, and found that when he did that, everything would go fine the next day. He also noticed that, with his anxiety attacks diminishing, he had stopped taking the Xanax every day.

"At first it was every other day," he recalls, "and then it was every two to three days."

At that point, his years of medical training and experience kicked in, and he applied it to what he was experiencing.

"It struck me as amazing," he says, "that the people here in SoCal still didn't realize how many different types of herb there are. They didn't know the difference between an indica and a sativa. I noticed that I didn't like some of the feelings I got from some of the different kinds of herb there were, like I didn't enjoy getting the munchies, for example. So at that point I decided to start doing some research to find out what worked best for me."

He also decided to put technology to work in doing his research.

"I went online and started to look at the whole thing from a medicinal context," he says. "I checked out edibles, not doing them to get high, but more like trying different medications. I'd find a particular brand, like a type of fudge from one place, and I'd divide it up into eight pieces. I'd eat one piece in the morning, and while it wasn't enough to get me high, it was enough to control all of my adverse symptoms, and this is when I weaned myself off of the antidepressants too. And I was doing this with the support of my family physician."

"He did not condone getting baked," Derek adds, "and I agreed with him. I had no need to do that, to indulge to that extreme. I don't have cancer. But at low levels, this was working for what I did have."

This was also when Derek scaled down his Xanax doses to just 0.25 milligrams once every three to four weeks, if he happened to have a bad breakthrough anxiety day. This prompted him to go online to check out forums looking for other PTSD patients to see what he could learn.

"That's when I found the THC Expo," he remembers, "and there I found a Canadian publication called Treating Yourself. Somebody had posted every issue

“That’s when I found the THC Expo,” he remembers, “and there I found a Canadian publication called Treating Yourself. Somebody had posted every issue online in PDF format so that you could read every one. This was true, legitimate medical research.”



online in PDF format so that you could read every one. This was true, legitimate medical research.”

It was in Treating Yourself that Derek found stories about Canadian doctors treating Iraqi war veterans with medicinal marijuana.

“At this point I was already treating myself,” he says, “but being the medically trained person that I am, I wanted to find more legitimacy to it. I felt like I’d really hit on something.”

The information that he found was somewhat generalized, giving only doctors’ names and patients’ stories.

“But at least I knew they were doing it,” he says, “and it was working.”

“Treating Yourself is for patients,” he explains. “If it was a medical journal, it would have given me everything I was looking for. So now, in hindsight, I may try to find these doctors and find out what kind of doses we’re talking about here.”

This prompted Derek to step up his research and do more online interactions with more PTSD people to find out what was working for them. Some of the information he found, however, was somewhat disturbing to him from a medical professional’s point of view.

“Some people were getting no help,” he says. “Other people were having serious nightmares and had to do a really hardcore indica to go to bed and then a sativa during the day. They were self-medicating as well, but with no guidelines to go by.”

He also found more disturbing information.

“The people working with doctors were all in Canada,” he says. “Everyone doing it in the United States was on their own, even though some of them were being seen at VA hospitals.”

Further research revealed some of the most disturbing information he came across, especially given how much the United States supposedly prides itself on taking care of its war veterans.

“Some of them actually told their doctors or their psychiatrists at the VA what they were doing,” Derek recalls, “and they were dropped as patients. They were completely left hanging. This was no ‘three strikes and you’re out’ situation. They were immediately dropped. Doctors refused to see them and treat them. It was either Western psych medicine or nothing. They were out.”

Digging deeper, the information got even more disturbing.

“Many of these vets were afraid to get their medicinal marijuana cards because they’d get in trouble with the VA,” he found. “Many of them had other wounds that they still needed the VA to get treated for. If they got put on some state list and the VA found out, who knows what kind of trouble they were going to get into.” Though recently Derek has had to scale back his research time somewhat because he’s launched a thriving new company of his own as a computer tech, and he has a young daughter to take care of, he is far from finished in his pursuit of legitimizing the use of medicinal marijuana in the treatment of post-traumatic stress disorder.

“Being the kind of person that I am,” he says, “I want to ▷

get settled in this new job situation so I can create more free time to work on this, because I feel like I have knowledge that people can use, even if I just focus on veterans coming back from combat.”

One of the biggest problems that he’s found is the lack of consistency and documentation of the ingredients in the products available to medicinal marijuana users.

“I have the ability to measure the content of the stuff that works for me,” he says. “Unless the baker uses the exact same ingredients, the batches are going to be different. Considering that they usually bake using pounds of trimmings, it’s usually a mix of everything. Now, for the first time, I have all of my own stuff. I’m going to keep meticulous records of the butters I make and keep track of the strains, and with that I can sit down and write out actual treatment plans. I have the ability to do that. It might take a year, but I should be able to write out actual treatment plans for PTSD patients, and be able to treat their issues with specific strains.”

As for his own personal well-being, Derek now feels that he has successfully conquered the nightmare situation that he went through over the last two years, the accidents and their nearly fatal aftermath, and he’s now moving forward with his life again.

“I feel like I’m finally back to normal again,” he says. “I’m happy. I’m better than I was even before the accidents. I smoke a little bit every now and then, but smoking doesn’t work as well for me as the baked goods. Since there is a lack of consistency in the baked goods available at the (medical marijuana) dispensaries, now I’m making my own.”

What are the biggest problems he sees in the state of the

medicinal marijuana situation in the United States right now?

“A serious lack of research on this in the United States,” he says, “and a lack of consistency in the products available to medicinal marijuana users.”

“For me,” he adds, “this is only the beginning of my story. My whole intention in this is that I know how to write articles for medical journals, and this is only one person’s opinion — mine — but I will tell my story with research to back it. Other people tell their stories, but they’re not trained to do this. I have the training and the ability as a medical person with a whole lot of background, along with my wife, in emergency medicine. We’ve handled dozens of medicines, and we’ve saved lives with them. I’m going to nail this down and get an article out there to the medical community and to the people in it that are willing to take a second look at this. Nobody’s really putting information out there that’s useful for people with PTSD and anxiety, but we know it’s being used for it.”

Derek knows he may be in for an uphill battle to achieve these goals, but he’s convinced that he can achieve them anyway, and he’s no stranger to uphill battles.

“For this to be taken seriously in the medical world,” he says, “there has to be more definitive prescribing and specific guidelines, and what I want to write will be good enough and give legitimate guidelines that will be very difficult for even the most staunch anti-medical marijuana doctors who are totally against it to refute. I’m writing those guidelines so that they will work in any American Medical Association journal, and they are not going to be able to fight it.” 🍀

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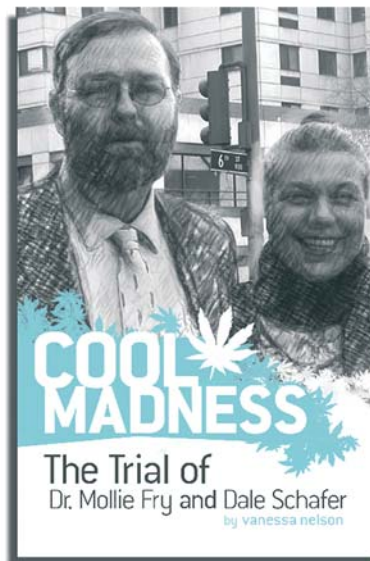
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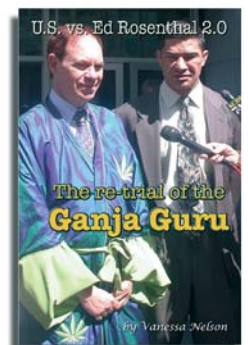


COOL MADNESS, The Trial of Dr. Mollie Fry and Dale Schafer is the riveting true story of a medical marijuana doctor undergoing a federal trial for the first time in history. The main character of Cool Madness is Dr. Marion "Mollie" Fry, a cancer survivor who learned about the benefits of medical marijuana while enduring chemotherapy and a double mastectomy. After recovering, Dr. Fry set up a practice in the small northern California town of Cool and began recommending medical marijuana to her patients in accordance with state law. However, California's medical marijuana laws are not recognized by the federal government, and this legal conflict put Dr. Fry's activities under the scrutiny of authorities. Law enforcement surveillance on her home led to a raid that netted a meager 34-plant garden in September 2001.

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BOOKS BY VANESSA NELSON

In 2003 former "High Times" columnist Ed Rosenthal was convicted for growing and distributing medical marijuana, an activity legal under California law, but illegal under federal law. The jurors, who were prevented from hearing about California law, staged a revolt after learning that they had convicted a medical grower. Their public outrage matched the response of the activist community and pressured the judge into handing down a remarkably light sentence of just one day in jail, time Ed had already served. Coming 4 years after the original guilty verdict, the re-trial packs a heavier punch than ever before. During repeated outbursts in the courtroom, the loquacious defendant alternately ridicules his prosecutor and demands that his judge step down from the bench. The bombast becomes infectious, and soon everyone is speaking his mind in court, from outraged prospective jurors to righteous witnesses who refuse to testify. By the end, even the defense attorneys are threatened with jail time for contempt.



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P-MED	22 fl. oz.
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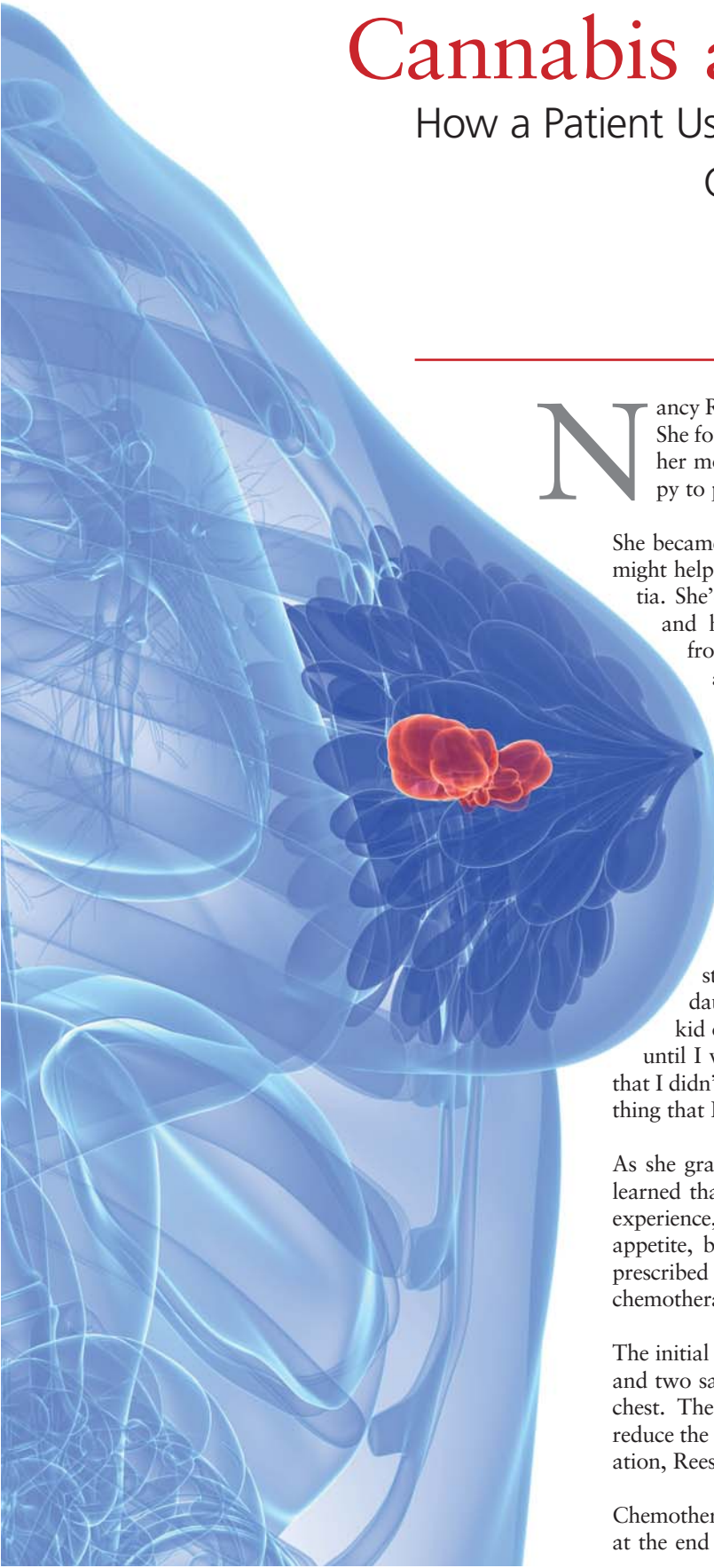
BACK SIDE

Cannabis and Chemo:

How a Patient Uses Medical Marijuana to Cope with Breast Cancer

By Mary Lou Smart © 2010

www.medicalcannabisart.com



Nancy Reese (not her real name) has had a tough year. She found out she had breast cancer in May. She lost her mother in June. She is undergoing chemotherapy to prepare for a double mastectomy.

She became curious about cannabis after reading that it might help with one of her mother's conditions, dementia. She'd become alarmed by side effects of anxiety and hallucinations her mother was experiencing from multiple medications. Her mother's doctor agreed that cannabis might mitigate the symptoms, and reassured her with the news that nobody has ever been killed by eating or smoking too much. By the time she began looking into the process of getting a doctor's recommendation and finding a dispensary, however, her mother was hospitalized, and she never recovered enough to try it.

Reese, 55, was never crazy about marijuana, which she had smoked in her 20s. She stopped around age 25, after the birth of her daughter. "I never was a pot smoker, but I was a kid of the 60s and 70s," she said. "I never tried it until I was out of high school, and there were times that I didn't like the way it made me feel. It was not anything that I ever did very often."

As she grasped for solutions for her dying mother, she learned that she had breast cancer. From her own past experience, she knew that marijuana could stimulate her appetite, but assumed that the anti-nausea medication prescribed by her oncologist would get her through chemotherapy.

The initial diagnosis and tests revealed one breast tumor and two satellite tumors behind that mass, closer to the chest. The oncologist recommended chemotherapy to reduce the tumors prior to a mastectomy. After consideration, Reese opted for a double mastectomy.

Chemotherapy treatment every three weeks would begin at the end of May and last several months. Her chemo

“When I’m in chemotherapy, I am a turtle,” she explained. “I pull my head back into the shell, which is my bedroom, and it’s just a matter of sleeping a lot and feeling miserable. I want all of these chemicals out of my body so that I can start to feel like myself again.”

drug regimen — before, during, and after — was considerable. Prior to each round, she would get a strong corticosteroid, to relieve inflammation, and a tablet for chemo-induced nausea and vomiting. Both would be taken for up to three days after the treatment. The actual chemotherapy consisted of three types of chemo drugs designed to stop the growth and spread of cancer cells within the body, and included Adriamycin, a type of antibiotic used in cancer chemotherapy. During the first three chemo cycles, an IV to introduce the treatment was in the top of her hand. Too caustic to enter through her hand, the Adriamycin was administered through a vein in her arm.

“I read on the Internet that Adriamycin is one that you can only have so much of in your lifetime,” she said. “It’s a red liquid, and so caustic that if it gets on your skin it will burn you.”

Reese described chemotherapy as worse than a bad hangover — like a flu that won’t go away. For the first two weeks of each round, she rarely left her bedroom.

“I was flat out in bed,” she said. “I’d get up to go to the bathroom or to get sick.”

She had headaches. As the drugs accumulated in her body, she was unable to find relief.

“When I’m in chemotherapy, I am a turtle,” she explained. “I pull my head back into the shell, which is my bedroom, and it’s just a matter of sleeping a lot and feeling miserable. I want all of these chemicals out of my body so that I can start to feel like myself again.”

During the third week, finally feeling a bit better, she’d go for blood work that would determine whether she had enough stamina for another round. She was also prescribed Neulasta, a white cell booster, and Arimidex, an estrogen blocker, which she might be taking for five years.

By the second round, she was ready to try cannabis. She couldn’t eat, and began to worry when she lost 10 pounds in five days. She felt terrible gastrointestinal pain, like a hole high up in her stomach accompanied by burning indigestion.

Her husband, who is anti-cannabis, was worried.

“He said I looked like skin and bones,” she said. “Even his friends told him that I should try marijuana.”

She obtained a physician’s recommendation to become a patient, required under California’s Proposition 215 Compassionate Use Act. She received a Proposition 215 medical cannabis ID card at the same time. Based on a friend’s referral she visited Unit-D Patient Collective in Garden Grove.

“At first I felt strange about going in there, but you know what?” she said. “This is an option to help me. This is natural, and I’m not going to let the stigma surrounding this frighten me.”

While she’d smoked it in her 20s, Reese was uncomfortable about walking into a store to buy cannabis.

“I never did anything wrong growing up,” she said. “I was one of those good kids that did well in school and never disappointed mom and dad.”

She was concerned about the dispensary that she’d be choosing. She’d seen several storefronts that looked dirty or otherwise unappealing.

“There are a lot of young people in many of the dispensaries, and many look like pot dens,” she said. “The one I choose has a very professional approach.”

At Unit-D, her credentials are thoroughly checked each time she arrives in the waiting room. After submitting her driver’s license, medical cannabis ID, and original doctor’s recommendation, she is buzzed into the main room, which features glass cases and warm touches such as wood flooring.

“The people at Unit-D are extremely caring and professional,” she said. “They encouraged me to try different strains and also to tell them my impressions so that they could keep a record for me as well as other patients.”

Like many dispensaries, Unit-D offers a 10-percent discount to chemo patients.

She bought cannabis-infused keifer butter — \$18 a stick — and planned to make cookies. A former cigarette smoker, she thought that smoking would be unpleasant. She soon found, however, that edibles were not an ►



option. She was too sick to eat, let alone bake cookies.

"I did freeze the butter and wanted to make cookies," she said. "I'd just need a quarter piece of a cookie. Not much."

After trying a variety of cannabis strains, Reese was relieved when she finally found one ideally suited to her personality and condition, Blue Dream. "I definitely did not want to be stoned," she said. "I do not like the too-euphoric feeling. With all of the stress that I was under, I just wanted a mellow feeling."

Blue Dream is a hybrid developed by breeders in Santa Cruz, California, according to weedbay.net. The strain is a combination of Blueberry — mostly indica — and Haze — mostly sativa. Inducing the pain relief of indica without the sedative effect of a pure indica, Blue Dream is said to prevent the couch-lock that can cement stoners in front of the boob tube for hours on end.

A friend gave her a vaporizer as a gift, and Reese found that vapor was less harsh than smoke.

"The vaporizer was a lifesaver for me because I couldn't eat edibles," she explained. "Even just to smoke it, the smell would nauseate me. I was trying to get nutrition into my body, and with the vaporizer I was able to eat."

A pleasant woman who laughs now and then, she apologizes for lapses in conversation that she attributed to chemo brain, the documented changes in memory, attention, and concentration following chemotherapy. She

said that she's lost the ability to multitask, but that she's been told it will return gradually.

In helping her to venture from bed and eat, she found that cannabis worked where traditional medications did not. A tablet called Emend, given prior to each round of chemotherapy to help prevent nausea, did not work, she said.

"Marijuana helps keep the nausea at bay so that I can have my appetite back," she said. "Even with the nausea pills that you get, the Compazine and everything like that, they don't necessarily work. It's a good hour and 15 minutes before those medications give any effect anyway."

Each of the drugs given during chemotherapy comes with side effects. Many were first designed for other conditions but found to work in cancer treatment. Compazine, used to control severe nausea and vomiting, also treats schizophrenia, for instance. It can interact negatively with many other prescription medications, and can be dangerous when a patient also has a history of heart disease, central nervous system depression, and a variety of other problems.

Reese described going into chemo on a Friday and coming off the steroid on Sunday as being kind of a slam. "I don't think that this is something that anybody would want to have to do," she said. "You can read online that some of these drugs will give people leukemia seven years down the road. You're damned if you do and damned if you don't."

“How bad can marijuana be?” she asked. “I’m putting nothing but poisons into my body right now, and this is natural. Marijuana has helped with more than the chemo and getting me to feel better and eat again. It’s helped me to cope with everything that’s happened to me over a short period of time.”

New medications accompanied each round of chemo, and negative side effects mounted. Early on, her soaring fever led her husband and oncologist on a late-night mission to find an all-night pharmacy for a strong antibiotic that could not wait until morning. Her immune system was unable to fight infection. By her third round of chemo, a build-up of water led to swollen feet, ankles, and legs. The edema also caused her joints to ache. Her mouth filled with sores. While it’s too early to tell if cannabis will help with her latest cancer-related complication, aching joints, she’s definitely experienced its therapeutic powers in regard to alleviating nausea, stimulating appetite, and relieving stress and depression.

“This is not just a matter of losing your hair and being nauseated,” she said. “There’s a lot going on with your body. For someone like me who is not a pill taker and never has been, you don’t know what it’s like to swallow all of the pills that I was getting.”

She tried to put worry out of her mind, but understood that she was experiencing anxiety.

“I was having a rough time,” she admitted. “I lost my mother in June. I’d been her caregiver for the past 13 years, and it was really hard because she was my best friend. I’ve just got to go with the flow. I’ve got my peaks and valleys with emotions and depression, and this is dictating my life right now.”

Reese said that her husband is afraid that she’ll become dependent on cannabis.

“I don’t use it every day; I only use it after treatment,” she said. “This puts you in a different state of mind where you’re not thinking about yourself.”

When people tell her that despite all that she’s gone through, she looks good, she jokingly tells them that it’s the false eyelashes, wig, and make-up.

“There’s a part of me that says, ‘I’m not going to let this whip me,’” she said. “I’m not going to let this make me into someone I’m not. Some of the women I’ve seen in there, it’s like they’ve given up.”

She told her primary doctor that she was using marijuana, but decided not to tell her oncologist after watching that doctor’s reaction when another patient admitted that it was the only thing that could stimulate her appetite.

“I feel that it’s important to tell my doctors what I’m doing, but I don’t want to be judged,” she said.

Reese still works in a dental practice. Although she might have to go on full disability for a while following the mastectomy, she feels that working and being around others is good therapy. The cannabis therapy has not affected her working or social life, she said.

“People would be shocked if they knew that I’m smoking marijuana, and I do not share that with them,” she said. “I am an upstanding person who works with kids and adults, and I’m well liked. I don’t look bad at all for my age.”

She felt it was important to come forward.

“My story started out before I had breast cancer, with my mom,” she said. “I wanted to find an answer for her. Why should I be giving her drugs that made her hallucinate if I could give her something else?”

She looks forward to the surgery and life after chemotherapy.

“At least with surgery you can concentrate on getting better,” she said.

Through it all and without side effects, cannabis was predictable and reliable. The natural remedy combated nausea, stimulated appetite, and calmed overwhelming anxiety.

“How bad can marijuana be?” she asked. “I’m putting nothing but poisons into my body right now, and this is natural. Marijuana has helped with more than the chemo and getting me to feel better and eat again. It’s helped me to cope with everything that’s happened to me over a short period of time.” 🍓



Curing a Schedule II Habit with a Schedule I Plant

By Mary Lou Smart © 2010

www.medicalcannabisart.com

After 12 years, James Nick (not his real name) is free at last. Reliant on morphine to manage severe pain, he had been despondent. He'd tried to get off of the drug several times, almost dying in the process more than once.

Nick suffers from trigeminal neuralgia, a disorder in one of three trigeminal nerves found in the face. His condition appeared after a surgeon severed the fifth cranial nerve, which controls facial sensation and motor functions such as chewing, while trying to repair another botched surgery that had left him hospitalized with a gushing nosebleed. He feels intermittent intense pain in his ear, eye, lips, nose, scalp, forehead, cheeks, teeth, jaw, and on one side of his face. With what one of his doctors described as an extremely rare and extremely mutilated fifth cranial nerve, he's both in pain and numb.

"Half of my tongue is numb; half is not," he explained. "Half of my face is numb; half feels like it's being stabbed by ice picks. I have no blink reflex in my left eye."

Trigeminal neuralgia is also known as the suicide disease.

Its unforgiving nature leads most to despair, and it is considered one of the most painful chronic afflictions known to humans. One doctor after the next tried to fix Nick's ailment, but none were successful.

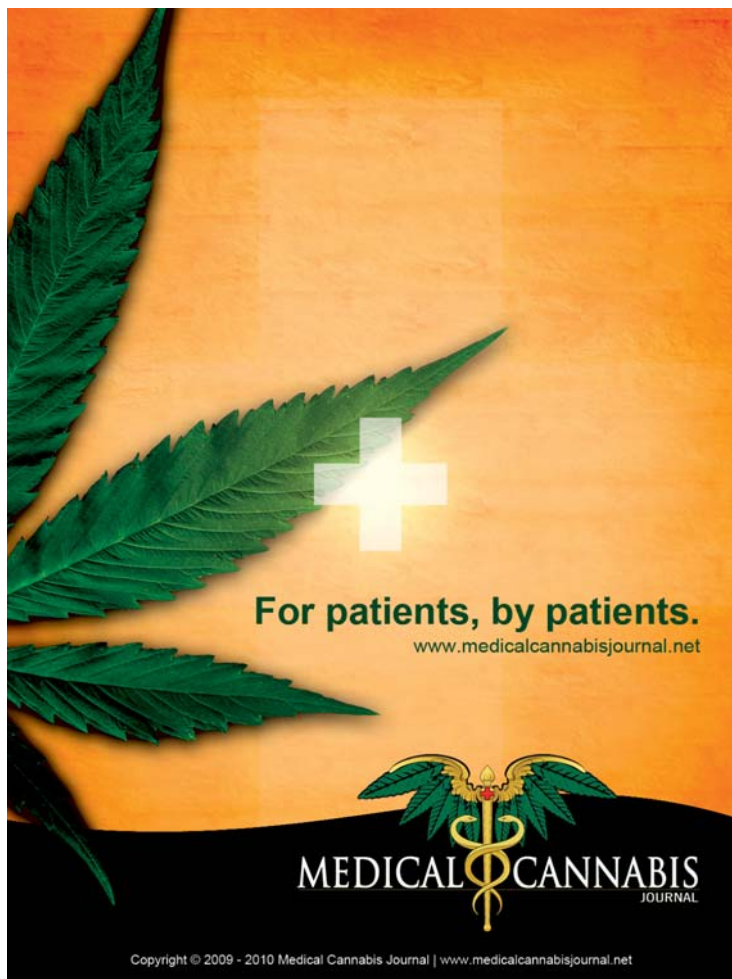
Last March, taking 400 milligrams of morphine and 90 milligrams of OxyContin a day, he'd had enough.

"Morphine is indiscriminate with what it cuts off," he said. "It cuts off the pain. It cuts off your sexual desire. It cuts off your social life. It cuts off your ability to drive at night. It cuts off your world."

For Nick, one of the greatest downfalls of the drug is that for years he's been treated like a criminal.

"When you're on a Schedule II drug, the DEA decides your medical treatment," he said. "The pharmacists at Walgreens and Albertsons are the narcotics police. When it comes to chronic pain patients, the definition of compassionate care is this: You are getting morphine."

Reliant on opiates, he became initiated into a realm of ▷



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“Chronic pain is a difficult thing to manage with these short-acting substances,” he said. “They’re either going to be hard on the liver or hard on the kidneys or hard on the intestinal lining, with GI bleeding.”

suffering known only to chronic pain patients. Treated like a criminal and a junkie, he often had his medications withheld. When his prescriptions ran out after 25 days, he became familiar with the absolute torture of being held off for 31 days.

His monthly supply of narcotics had drawbacks. The combination of pain and pills made it difficult to accomplish the most basic activities. With his career in sales over, he found comfort in the art of calligraphy. Gradually, though, when all motivation and coordination left, he put down his pen. He struggled with things as basic as walking, an activity he used to pass hours doing each day.

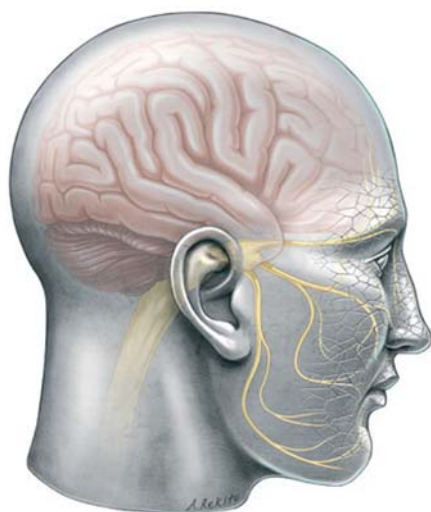
“A few years ago I walked up to a corner and forgot how to cross the street,” he said. “That information fell off of the radar, and I could not figure it out. Listen, what morphine does is it puts you at square one. It gives you no advantage. It robs you of many of your talents and your thinking processes.”

For a while he was given Fentanyl, a rapid-onset, short-duration narcotic that is much more potent than morphine. “For a whole year I was on it, and it was all I could do to not kill myself,” he said.

William Courtney, MD, a cannabis physician in Mendocino, California, became a great advocate of the non-psychoactive use of cannabis following an epiphany. A traditional physician until reading in 2004 that a molecule in cannabis has the ability to jump-start an immune system by enlivening neuropathic activity via two-way communication, he looks at the plant as a supplement and a preventative.

While Courtney considers cannabis as a dietary essential capable of warding off immune disorders, many of his patients suffer from pain. He’s all too familiar with pain management protocol in the United States, as well as the dysfunction that thrives in a world bought by pharmaceutical giants.

“Doctors are fearful of working with people like that



(chronic pain sufferers) because it’s hard to control and the doses keep going up,” he said. “They’re fearful that the DEA will think that they’re handing out pain pills. It’s hard to separate out chronic pain from chronic drug seeking. They are both desperate situations. You have no hands-on way to resolve opiate addiction from chronic pain, so everyone kind of throws their hands up and refers them to somebody else.”

Courtney sees Vietnam vets, accident victims, retirees from the heavy labor of the logging industry, students who’ve been injured in sports or with dirt bikes or skateboards, victims of collisions and falls, and patients with chronic conditions such as rheumatoid arthritis.

“Chronic pain is a difficult thing to manage with these short-acting substances,” he said. “They’re either going to be hard on the liver or hard on the kidneys or hard on the intestinal lining, with GI bleeding.”

Most of his patients arrive with mounting side effects following years of prescription narcotic treatment.

“There is not a narcotic substance out there that is meant to be used daily as a supplement,” Courtney said. “It’s fine if you have an accident and you’re in excruciating pain and you’re on them until they fix the problem. The opiates work fine with that intense first pain, but if you’re going to end up with a chronic arthritic condition and be in pain every day for the next ten years of your life, opiates are just a miserable approach to it. The tolerance builds and the drug is changed again and again. Pretty soon you’re taking some methadone equivalent because nothing else can touch it anymore.”

In addition to well-documented ethical dilemmas surrounding pain and pills, and no shortage of people categorizing chronic pain sufferers as drug seekers, we have a plant offering a solution and the United States government maintaining that it has no medical benefit.

Nick, 59, had smoked marijuana recreationally on and off since the 1960s, and even went to Woodstock in ►

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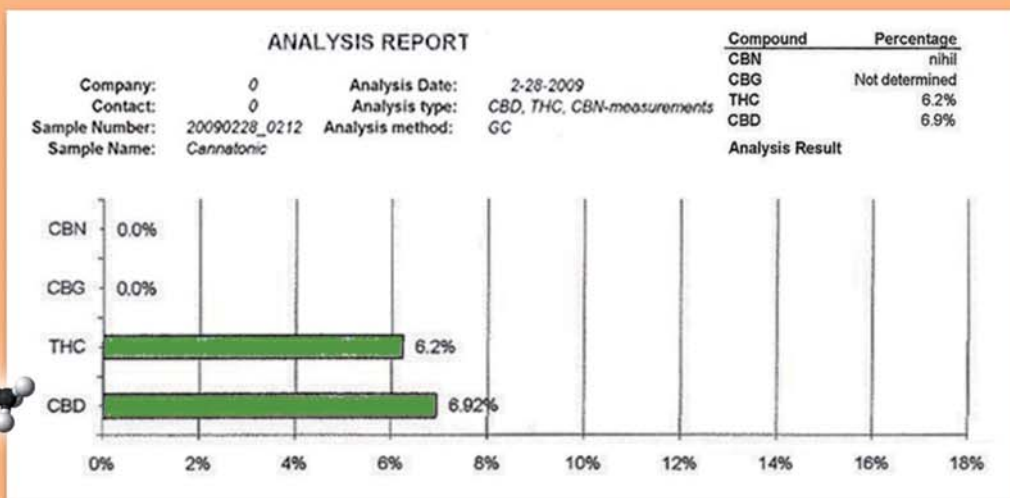
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1969, but he didn't want to find his cure on the black market.

"I'd always suspected that there was a possibility that it could help me, but I'm too old to do time," he said. "I'm a guy with short hair. I'm out of the loop and out of that world."

He eventually brought his stacks of medical records to a doctor and received a recommendation for medical marijuana.

"I prayed for this, to the cosmic muffin, the big Twinkie, God, whatever you want to call it," he said. "I did try to tap into that energy to ask for help and guidance, for support and strength, because I was really ready to kill myself."

Determined, he found a dispensary/wellness center in Denver that offered a compatible balance of the cannabinoids delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD).

The marijuana beat is not unlike a 12-step program, where anonymity plays an important role. Scores of well-publicized arrests following media attention make Colorado a hotbed of paranoia. Following the arrest of Chris Bartkowicz in 2010, Colorado DEA agent Jeff Sweetin said to a Denver Post reporter, "Technically, every dispensary in the state is in violation of federal law. The time is coming when we go into a dispensary, we find out what their profit is, we seize the building, and we arrest everybody. They're violating federal law; they're at risk of arrest and imprisonment."

Sweetin's threat was made despite 14 states having passed medical marijuana legislation in the face of overwhelming public support. Even the long-standout state of Arizona finally approved medical marijuana legislation a few months later.

"You'd think that there would be some sanity in all this, but then again, you're dealing with the government," said Robert J. Corry, a Denver-based civil rights and criminal defense attorney. "I'm not formally advising anyone to not talk to the press, but I think that they're all figuring out on their own that it carries some risk. Marijuana still has an outlaw ethos to it, and media coverage tends to be sensationalized."

No surprise, but the owner of the Denver wellness center that worked with Nick requested anonymity and called himself Sam Moser.

In the same vein as growers, dispensary personnel, and

medical professionals all over the country are doing, Moser's in search of CBD. Despite all of the hoopla surrounding CBD, supply is tight. For decades, black market marijuana was bred for high-THC content. The CBD has been all but bred out by growers in search of the greatest buzz.

CBD tempers the psychoactive qualities of THC; it supports the pain-killing benefits of THC; and it features its own pain, inflammation regulating, and strong antioxidant properties. Recent studies point to CBD's potential as a cancer and diabetes deterrent, and even for shrinking tumors.

Courtney considers the best document on the medicinal value of cannabis to be United States Patent # 6,630,507 B1, owned by the United States of America as represented by the Department of Health and Human Services, Washington D.C. The patent document — entitled Cannabinoids as Antioxidants and Neuroprotectants — raves about the usefulness of cannabinoids in treating myriad oxidation-associated diseases, including inflammatory and autoimmune diseases, and as neuroprotectants, which could mean anything including stroke, head injury, Alzheimer's, Parkinson's, or dementia. He offers the patent's link on his Web site, www.cannabisinternational.org.

"In the 1980s, when there was no medical model anywhere, it was important to grow for the THC," said Moser. "If you go back to the 1970s and 80s strains, like Acapulco Gold and Columbian Gold, those strains had much lower THC, like six to ten percent; the CBD was also around five to six percent, so there was a lot more balance. Now, with everything that's happened with medical marijuana in this country, the focus is on what was lost over the past few decades. The THC is important and the CBD is equally important."

Moser works closely with growers and with reputable labs that test strains. He said that the key for anybody dealing with chronic pain or addiction is in finding both the right blend of THC and CBD, and using a combination of delivery systems. He doesn't recommend any one

stain, but feels that without a balance of CBD a pain sufferer is likely to experience anxiety.

"If you get a high-THC strain, and I'm talking about something that's on the level of 20 to 25 percent, a patient might have a bad experience," Moser said. "CBD comes and takes all of that away. It relaxes you. The pain control is a million times better and you'll notice the patient respond in a different way. So that really is the key to working with these guys in developing a strategy that not only weans them off of pharmaceuticals, but also controls the pain that they have right now."

Nick extends high praise to a compassionate caregiver. "The importance of medical marijuana in terms of caregivers is that you've gotta find somebody who listens," he said. "They didn't interrupt me when I'd go in there and say, 'Looky.' Things kept changing with all of the morphine and OxyContin that I was on and all of the pain that I was experiencing. We needed to fine-tune things until we came up with exactly the right thing, which is what I'm on now."

For the first time in a long time, Nick is off of morphine. He returned to his doctor in December. "I handed him my bottle of morphine. He counted them and said, 'Son of a gun; I've never heard of it. I've never seen it. If I

wasn't looking at it, I wouldn't believe it.'"

Nick is practicing calligraphy again. "Medical marijuana has released me from a ball and chain existence and has expanded my world," he said.

With cannabis, this patient no longer suffers the stigma that comes with opiates. "Pot does what the Schedule II drugs do, without the drawbacks," he said. "You don't have to go to the doctor every month. You don't have to have your blood levels constantly checked to see if the drugs are destroying your liver. You don't get treated like crap, and you're not hooked into the system. There is no addiction. I have pain relief where I decide what's needed where and when."

Nick is not free of pain, but describes the pain as less severe, without the foggiest of synthetic drugs.

"They say that one of the most frustrating things for doctors, and why they do not want to work with chronic pain patients is that we don't get better," he said. "Well, I am better because of medical marijuana. I look forward to the future, and I'm not suicidal anymore."

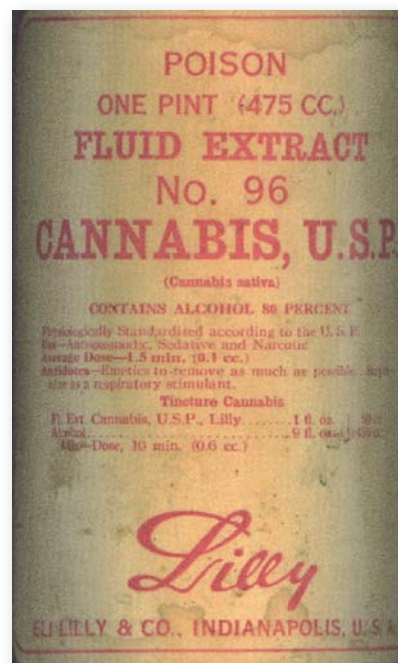
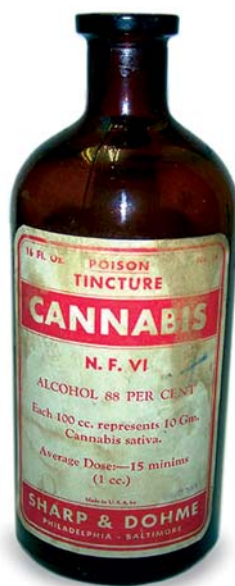
Nick wants others to know that freedom from prescription pain killers is achievable.✚

"Tell other people that they can do this too," he said. "Listen, God wouldn't have put it here if it didn't belong. End of story."

Cartoon



Tried and True: It's Tincture Time Again



By Mary Lou Smart © 2010

www.medicalcannabisart.com

Pharmacists in the mid to late 1800s and early 1900s used cannabis tinctures to great effect. David Bearman, MD, a consultant in Santa Barbara, California, first heard about cannabis as medicine from his father, a pharmacist. One of his father's first assignments, at the University of Minnesota's pharmacy school in 1928, was to prepare tincture of cannabis. The tough part of that assignment was that during the so-called Noble Experiment that extended from 1920 to 1933, finding alcohol was no easy undertaking. The cannabis grew in a field next to the school, and nobody paid much attention to it.

With tinctures, alcohol is an excellent solvent. A tincture is an extract, and the conventional solution contains 40 to 60 percent ethanol, 80 to 120 proof alcohols. With herbal remedies, the typical ethanol percentage is much lower, maybe 25 percent.

A pharmacist for more than 30 years, JoAnna LaForce, founded The Farmacy in 2004. With a goal of welcoming medical patients and not making cannabis treatment seem like a criminal activity, its three Southern California dispensaries feature an open-door atmosphere and are staffed with pharmacists, herbalists, nutritionists, and other natural health professionals. Chefs who are also members of the Farmacy Collective make fresh, infused cuisine daily. Environments are composed of natural materials, and a holistic approach that includes Chinese herbs and acupuncture is embraced.

"Our feeling with The Farmacy is that cannabis is one of many products and services that might help you," explained LaForce. "It's all about an integrative approach."

Tinctures are a popular remedy at The Farmacy because of convenient, efficient, and rapid delivery. While alcohol, vinegar, and glycerin tinctures are all offered, she reports that alcohol is considered by herbal purists to be the best at drawing the active ingredients, the cannabinoids, out of the plant. When alcohol is used, distillation in some processes eliminates the alcohol for those who cannot drink it. The Farmacy's tinctures are made by either a biochemist who uses a CO2 extraction, a person who makes straight sativa extractions, or a company, which also makes extracted products for Whole Foods, that makes alcohol and glycerin tinctures using both cannabis and kava.

"Most of the time we're making an alcohol extraction," she said. "While it's being made we evaporate most of the alcohol out of it so that there's not more than five percent, and then we use agave or stevia as a sweetener, which gives it a pleasant taste. The point is that a lot of patients do not want to inhale, and the edibles take too long to achieve effectiveness. They choose not to ingest alcohol either."

In the realm of recreational use, tinctures were all but unheard of for decades. As medicine, the potent liquid

fits well with a regimen of therapy, and, once discovered, often becomes a staple. Applied sublingually, under the tongue, one or two drops take effect in 10 to 20 minutes and can last for hours. The beauty of the method is that absorption is not in the stomach, where the breakdown of a pill or food can take one or two hours. When medicine is diffused through the capillary-rich tissue beneath the tongue, it enters the blood quickly and bypasses the gastrointestinal tract and liver, a process that not only filters, but risks degradation. When time is of the essence, tinctures provide fast relief: slower delivery than inhaling, but not as harsh on the lungs either.

While many that grow to love tincture even use it topically, LaForce advises that its best route of administration is under the tongue: “When using any tincture, my recommendation is to drop the liquid under your tongue because you have a good deal of absorption there.”

Some people will get carried away with tincture and start to take it by the spoonful.

“Better to allow as much absorption through the mucus membranes of your mouth, because much of the remaining swallowed liquid is lost via metabolism in the liver,” she advised. “Use less and swish it around in your mouth for several seconds or as long as possible.”

Another tip is to refrain from eating or drinking anything for 15 to 30 minutes after application. “This gives optimum absorption through the mucus membrane,” she said.

While glycerol is considered inferior to alcohol in making tincture, LaForce said that one advantage of glycerin is that it stays on the mucus membrane in the mouth longer.

At first glance, tinctures appear to be ideally suited for do-it-yourselfers. Place cannabis leaves or buds in a jar with either alcohol or oil, and shake it now and then. Over weeks and months, the medicine seeps out of the leaves. Online recipes are all over the board. Releasing the THC faster, a crock pot can speed up the process. Necessary equipment might be a jar, cheesecloth, and a strainer or press. Home remedies of alcohol tincture call for cannabis in a jar with 40 percent pure ethanol (80 proof vodka) shaken every day for up to two months. Many patients, though, are alcohol intolerant, and prefer tinctures made with food-grade vegetable glycerin, glycerol, which contains only trace amounts of alcohol.

Sandee Burbank, executive director, Mothers Against Misuse and Abuse (MAMA) in Portland, Oregon, has been fighting for drug reform and education for 30 years. MAMA has three clinics in Oregon and is in touch with 7,000 patients through direct mail. Although she had

smoked marijuana since her early 20s, she didn’t appreciate its medicinal value until years later, after car accidents left her in pain.

Friends gave Burbank tinctures for at least two years before she tried one. She quickly realized that it was effective for a variety of ailments. Among other things, she found that it calmed muscle spasms. In the past, she had taken Flexeril, Valium, and other prescription medications for painful spasms that were wreaking havoc throughout her abdominal area. The prescription medications left her without energy.

“If I put a teaspoon of the glycerin tincture under my tongue, my muscle spasm will be gone within three to five minutes,” she said. “Absolutely gone.”

Burbank prefers glycerin tincture, which is suited for diabetics and anyone who cannot drink alcohol. She does not care for the taste of the alcohol-based tinctures and does not drink alcohol. Tinctures resolved many of the drawbacks she found with marijuana, as eating infused cuisine always made her sick.

“If I give the leaf to our pigs or chickens, they won’t eat it,” she noted. “Leaf is caustic. What I’ve discovered is that if you take the cannabinoids out with either alcohol or in a tincture or canna butter, and leave the vegetable matter behind, it does not upset my stomach at all.”

The method used by Burbank and MAMA is vegetable glycerol and the fan leaves, or shake, in a jar, approximately one ounce of leaves per cup of glycerin. She advises that it would be a waste to use the more expensive bud. Shake the jar for at least five minutes a day for two months. When the tonic is ready, the leaves need to be removed and discarded. To extract every last drop of liquid from the spent leaves, she uses a miniature version of a cider press and a kidney filter strain. The press can be found at a beer and wine accessory store. The inexpensive kidney filter is a fine mesh typically used to capture kidney stones, and can be found at a medical supply store. The tincture can be stored at room temperature in colored bottles.

Christine McGarvin is a chapter leader for Oregon Green Free, a forum for patients, caregivers, and growers of the Oregon Medical Marijuana Program. In Oregon, where Proposition 74 was defeated in November, there are no dispensaries for patients to buy tinctures or medical marijuana that’s been screened for CBD, THC, and CBN. Like many cooperatives in Oregon, Green Free is comprised of patients — more than 6,000 — who share information about marijuana.

Several years ago, when she realized it helped with both▷

of her conditions, fibromyalgia and post-traumatic stress disorder, she began using cannabis as medicine. She loves tincture, and has perfected her own recipe. Her husband, who has diabetes, herniated disks, and osteoarthritis, is also a convert. He used to take eight Vicodin a day. By combining tincture with one Vicodin in the morning, he's able to work the entire day without more medication.

She describes vegetable glycerin tincture as tasting like honey. She's heard that dried wild blueberries added to the mixture improve its taste.

"We just tell folks to pack as much high-quality medicine as possible into the jar," she said, adding, "The normal recipe calls for one ounce of bud to one pint of glycerin."

McGarvin prefers using sugar leaf, the tiny leaves and trichomes surrounding the bud.

"The fan leaf is only one-quarter as strong as the bud or the sugar leaf," she noted. "We recommend using fan leaf for cooking or to make coconut oil or canna butter; save the sugar leaf for glycerin tincture, and use bud for inhalation."

Enjoying lower costs than dispensary shoppers, the Oregon DIY contingent has found a variety of uses for the potent liquid. McGarvin, for instance, said that the best baklava she's ever had was made with infused glycerin tincture.

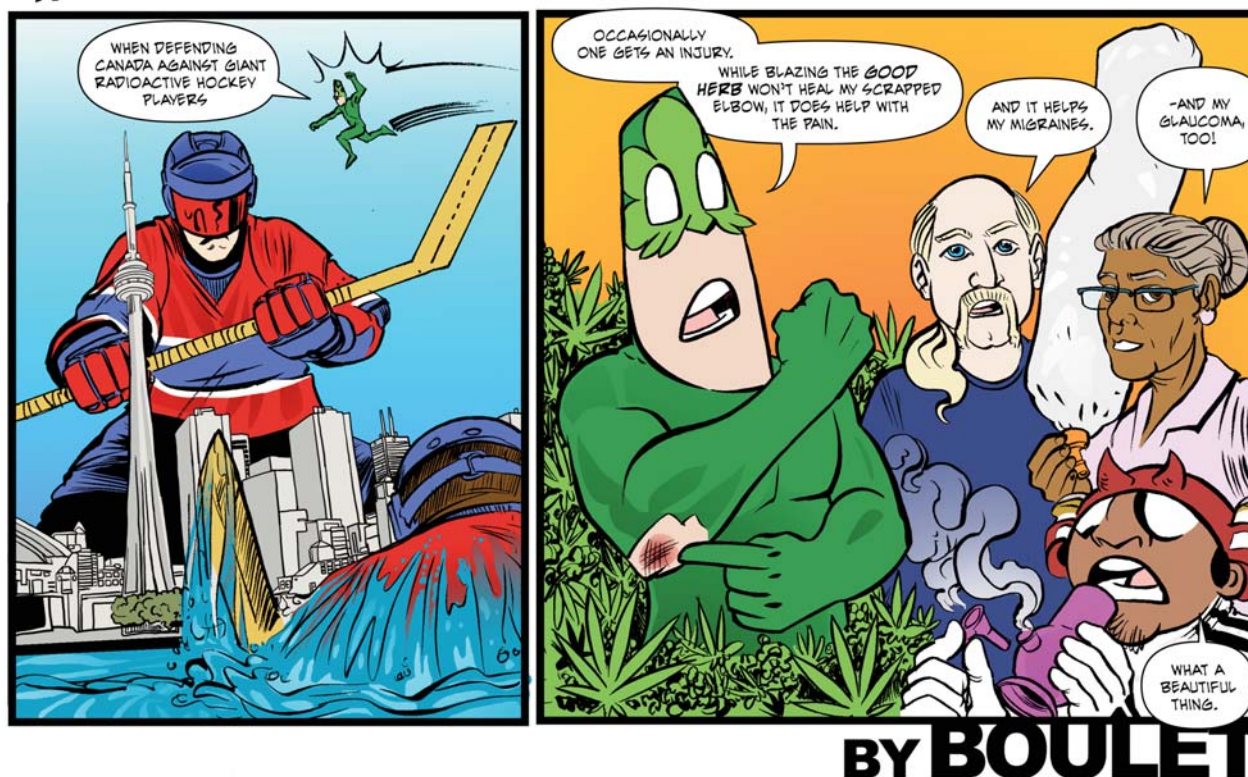
Sandee Burbank uses it topically, which will consume more tincture than a few drops applied sublingually. She advises that tincture applied to a blunt force trauma injury that would normally result in a bruise will either prevent or lower the degree of bruising.

"It's amazing," she said. "This is something where I've been using tincture for about four years for, really regularly, and it works."

Another friend puts lavender into hers and uses it as a topical. Burbank noticed that it works well with arthritis.

"It works extremely well for pain," she said. "My husband is a good example. He has really bad arthritis in his hip and lower back. Until recently, he was eating cookies and edibles before going to bed and that would help. But he discovered that when I put it on his back, he got relief very, very quickly, in minutes." 🍀

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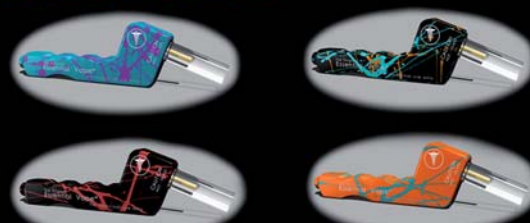


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Each and every issue of TY Magazine, HerbalAire and KDK Distributors will each donate a HerbalAire Vaporizer to deserving med patients.

Thanks to all those who have responded to our contest. We have received many letters from eligible people around the world.

Judging the entries is never easy, but we believe we have chosen two more winners who are truly deserving of a HerbalAire.



Christopher Vandenberg – Ontario, Canada

Christopher suffers from MS and is a medicinal patient. He is looking forward to a healthier lifestyle with his new herbalAire.



Mark Ball

We received Mark's entry in August 2009. Although he was lucky enough to win in this month's contest, we have not heard back from him. If you are Mark or if you know Mark, please contact us so we can make sure he gets his prize!

Hello TY Members. I have got some great news!

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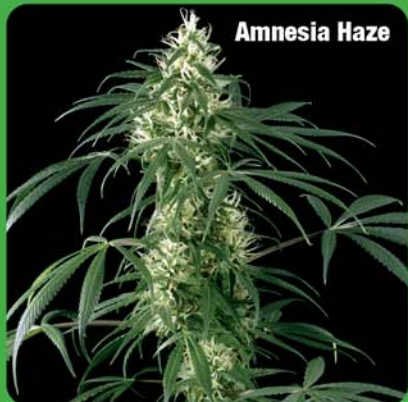
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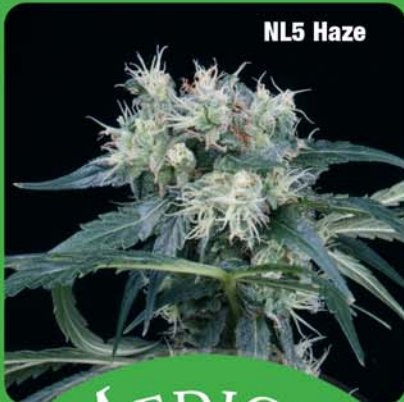
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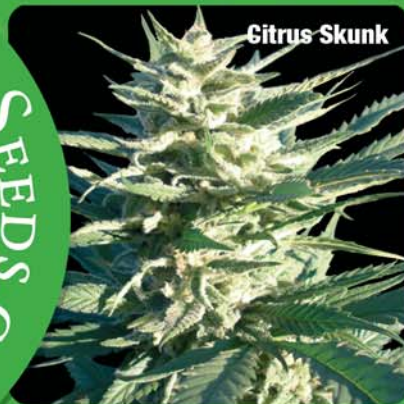
NL5 Haze



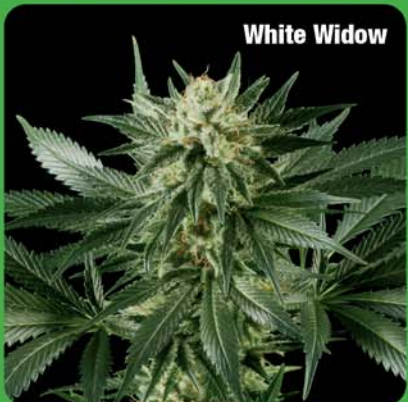
White Rhino



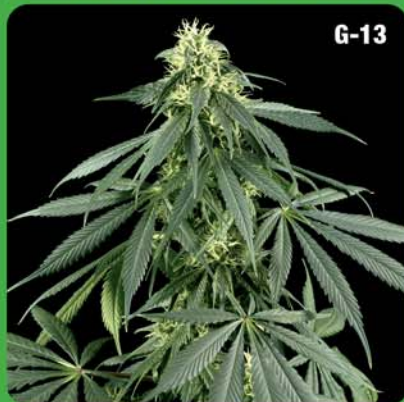
Skunk NL



Citrus Skunk

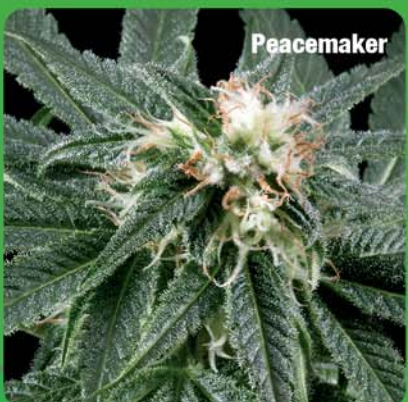


White Widow

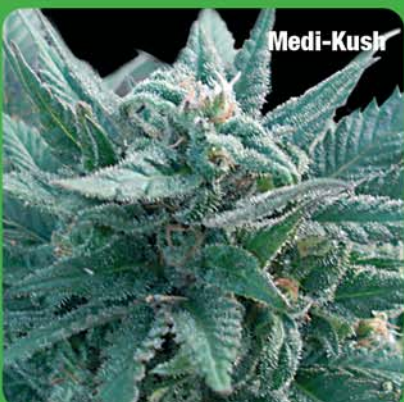


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TV SPOTLIGHT



Treating Yourself Interviews

Bong Rip

by Jeremy Norrie

TreatingYourself.com
FutureofFighting.com
RLDDVD.com

The medical marijuana scene here in Southern California has been booming now for a number of years. In the last few there have been some new businesses to spring up, making all kinds of new things to do and see for the average stoner. People are starting to be less and less worried about being public with their marijuana consumption, and as a part of that, people are getting on their computers and looking for a way to socialize with other cannabis enthusiasts.

Here in LA we have loads of things to do, like concerts and parties, but some people don't have anywhere to go, or maybe they just can't make it yet; but now they will have another option. The hottest, newest, and most fun ways to socialize as a cannabis smoker these days are to go online and check out bong TV! For a while now, Bong Rip and his girl Smokey have been going around and attending all the coolest events and socializing with the biggest celebrity stoners around, and you can go on his Website anytime with your webcam and smoke with people from all over the world!

This is really starting to catch on. My friend Treezy is a dedicated and high-ranking member of the Stoner Army, and is recognized frequently at the shows we attend. For those of us medical marijuana patients that still want to have a good time even though we are sick, this is really a huge breakthrough. Bong Rip sat down and answered all our questions and told us everything we wanted to know about Bong TV and how to get started.

TY: Thanks for taking the time to tell our readers more about bong TV. How did you get the Website started, and what gave you the inspiration?

Bong Rip: Hello to all the readers of *Treating Yourself* magazine. Thanks for taking the time to read the story of Bong TV LIVE and about The Stoner Army World Wide. I started the show on September 11, 2006, for the 50,000 friends I had for my Band "Marijuana The Band" on MySpace. I figured we would do a 420 California time live broadcast while being driven in my Orange County Records Limo down the coast for thousands of viewers daily. We had huge traffic right off the bat.

TY: How long has it been going, and what changes have you made as it has grown?

Bong Rip: Bong TV LIVE started as a two-hour live show four years ago, with limited interaction on MySpace. Then we added a live chat room to get to know the audience. Then we added viewer participation with viewer Webcams. Now we have multiple rooms, almost 30 cams for viewers, and Bong Rip is Live from 4:20 p.m. California time till 4:20 a.m. every day of his life on www.BongTvLive.com. Join the fun and interact no matter where I am daily.

TY: How big is the site now compared to when it started? What are the current stats?

Bong Rip: www.BongTvLive.com has an 18-plus room with 18 cams and chat, anything goes, all-out pot party, and an under-18 room hosted by Stickam.com as well as a



TV SPOTLIGHT



room on Justin.tv all for a different party appeal. Altogether I get about 20,000 a day through the show/Internet night-club, compared to the 1,000 a day when we first started. Not bad for a one-man act. (Bong Rip is the whole band for Marijuana The Band, owner of Orange County Records and Host, Producer, Director, and Talent coordinator for 24/7 Reality Show Bong TV LIVE!!!)

TY: Have you had any really interesting moments or cool experiences while doing the show?

Bong Rip: We have been so lucky at www.BongTvLive.com to have the biggest names in showbiz in our limo and stage. Big Black of "Rob and Big," All the "Jackass" players, Jack Herer R.I.P., and Eddy Lepp, just to name a few. All have been made Generals of The Stoner Army World Wide. We have been to Paris Hilton Parties and The Playboy Mansion as well as VIP at all the Pot/Cannabis Concerts, Events, and Expos in a way nobody gets to see it. Total pot star style!

TY: Thanks again for taking the time to be in the magazine. Do you have anything new coming up or anything we should be looking for in the future?

Bong Rip: Just to tease the audience here, I will tell you that three Marijuana The Band CDs will be released early 2011. A Rock – Metal – Punk – Psychedelic CD, a Rap – Funk – Touch of Rock – Jazz CD, and last but not least, a full-length Jazz – Funk – Latin CD for the oldies and music lovers.

TY: How do people find out the latest about what you are working on?

Bong Rip: You can watch us live daily and chat with us direct in our many livestream chats, all found at www.BongTvLive.com

Also add www.Youtube.com/BongTvLive to see the current videos and about 300 videos of what you've missed.

Thank you to new Stoner Army World Wide Major Jeremy for your efforts to spread interesting happenings in the cannabis world. And remember, if you medicate on cam at www.BongTvLive.com, you get made a Captain of The Stoner Army World Wide.

Thank you, Treating Yourself magazine and all the medicated readers, from me, Bong Rip, Leader of The Stoner Army!!! All readers of this article are now officially Sergeants of The Stoner Army World Wide. Congrats to all!



Make sure you catch up with us next time; Bong TV and Bong Rip will be waiting to hear from you. Hope you will be able to use this article to find out more about going live with Bong Rip on Bong TV, or maybe just get more information about the events in your area and how you can attend them or maybe travel to one of ours in the future. Maybe you have been thinking about checking out one of the many awesome videos from Bong Rip and his many adventures, and this article helps point you in the right direction. Enjoy it however you can. Next issue we will talk about more cannabis-related news. Don't forget to check out www.FutureofFighting.com to bet on fights and get the latest news about UFC and Mixed Martial Arts, also www.RLDDVD.com for the very best DVD about Amsterdam's Red Light District. Take it easy, have fun, don't believe the hype, and find what works for you. Good luck.

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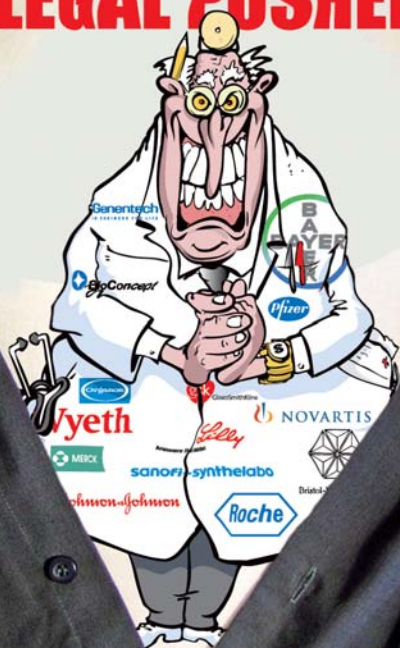
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Buddha Seeds

White Dwarf

Autoflowering

White Dwarf is an auto flowering variety with pervasive scent and sweet flavour which comes up from the crossing of two powerful cannabis indica.

White Dwarf blooms in 2 months after sowing regardless of photoperiod. Such thing makes it perfect for early crops.

Besides that, it is a small-sized discreet plant which can grow up away from the onlookers.

Its resistance and short cycle reduce the chances of having problems during its growth; this variety is a safe bet for beginners.

HARVEST IN 65 DAYS

5 Feminized Seeds 40€



Red Dwarf

Autoflowering

From the auto flowering parental strain that led to White Dwarf, hybridized with an exceptional skunk type female, and crossed to maintain the auto-flowering pattern, is born Red Dwarf : a compact, female, auto-flowering, resinous plant with intense smell and extreme power.

The low branching and compact bud make it ideal for growing indoors and outdoors in reduced spaces.

HARVEST IN 60 DAYS

5 Feminized Seeds 30€



Deimos

Autoflowering

Deimos is a hybrid which origins are mostly indica (Northern Lights), a work of selection of 7 generations in order to obtain the features of a Classic in an auto flowering plant.

Deimos is big sized plant, with good growth in width and high. The selection of the more branched specimens has prevailed; long lateral branches which yield buds as big as that of the central branch. This way productivity increases but the plant remains discreet in size, between 70 and 80 cm. Due to its nature Deimos becomes the perfect autoflowering plant for outdoor and indoor.

The power of Deimos turns more than one pale, it's a devastating plant, its taste is classic sweet and tangy, a perfect plant to relax, introspection, go to the movies, medicinal use, or just to knock down that friend, who's an "expert" on the issue.

HARVEST IN 65 DAYS

5 Feminized Seeds 40€



Quasar

No Autoflowering

Quasar, which comes from a pure indica and a backcrossed sativa, unifies the best of both strains into a choice hybrid. Highly vigorous growth that reduces indoor cultivation timing; it also yields radiant outdoor plants. It has a powerful structure that easily stands the weight of several buds, hard and compact to the point they seem pressed.

Astonishing potency, strong effect with a hard disposition to euphoria without nervousness.

With Quasar a perfect balance between indica & sativa has been achieved, it will surely satisfy sybarites for its quality as well as commercial growers for its quantity.

5 Feminized Seeds 45€



Syrup

Autoflowering

Syrup is a hybrid obtained by crossing autoflowering varieties with the sweetest of indicas.

It has a fruity flavour with hints of ginger and elderberry, but its real beauty lies in its potency.

With dense and heavy smoke that you can almost chew, its effects are heavily narcotic and ideal for medicinal use.

Indoors it is an ideal plant for the sea of green technique; outdoors it is discreet enough to be ideal for gardens and balconies. In terms of taste it is a real delicacy and is quick enough for even the most impatient grower!

HARVEST IN 57 DAYS

5 Feminized Seeds 35€



Pulsar

No Autoflowering

Pulsar is a non-autoflowering cross between Dutch and Central American sativas.

One of the most peculiar attributes is its high production and big sativas charge.

It has extremely vigorous growth and is tremendously expansive, so it is important to prune the tips of the plant if growing indoors, or to use the Screen of Green technique.

If growing outdoors we recommend that you plant it towards the end of the season to avoid it growing to a monstrous size!

Pulsar's genetics give it a musky smell and a spice-like flavour, while its Haze background makes for an energising, stimulating effect which will eventually leave you laughing uncontrollably.

It is not a plant as suitable for the novice growers and neither for inexperienced smokers.

Flowering: 75 days

5 Feminized Seeds 45€





Cloud #9



Cloud #9



Cloud #9

Strain: Cloud #9
Breeder: dinafem
Grower: Skunk-mad
Judge: Skunk-mad, 420grower and family
Date: December 24, 2010

- 1. Visual Appeal:** 9 *Visual appeal of the buds from 1-10 unappealing-excellent.*
- 2. Visible Trichomes:** 10 *Visible trichome content from 1-10 none-totally covered.*
- 3. Colors that are present in the trichome heads under magnification:**
Clear - 20% Cloudy 50% Amber 30% Dark -
- 4. Colors present in the buds** *and/or on a scale 1-9 light-dark:*
Brown, Green, Rust, Orange
- 5. Bud density:** 10 *Bud density from 1-10 airy-dense.*
- 6. Aroma descriptors:** *scale from 1-9 upon freshly broken bud where a one indicates a subtle presence and 9 indicates a pronounced presence.*
Earthy 2, Pepper 6, Fruit 6, Menthol 5,
Hash 7, Skunk 7, Spice 8
- 7. Aroma:** 9 *Aroma from 1-10 repulsive-delightful.*
- 8. Seed content:** 0 *Seed content from 0-10 none-fully seeded.*
- 9. Weeks cured:** 5 *If know the number of weeks your sample has been cured.*

Comment -

This bud has excellent bag appeal, with some lovely snow-covered buds that are very dense. When ground up, it gives of a lovely skunk/hash smell and is still very sticky to the touch. When looked at under the scope, this strain is amazing looking, with very long-stemmed trichomes with very fat heads.



- 1. Utensils:** Glass pipe, joint with Headquarter papers
- 2. Taste descriptors:** Use numbers 1-9 that apply to the taste where 1 indicates a subtle presence and 9 indicates a very pronounced presence
Earthy 4, Pepper 7, Fruit 6, Menthol 6, Hash 7, Skunk 8, Musk 6, Spice 8
- 3. Taste:** 9 Impression of the taste from 1-10 unpleasant-delicious.
- 4. State of dryness:** 5 1-10 wet-dry where 5 is ideal.
- 5. Smoke ability:** 9 smoke ability of the sample from 1-10 harsh-smooth.
- 6. Smoke expansion:** 10 smoke expansion in the lungs from 1-10 stable-explodes.
- Smoke Test Comments:** - When smoked, the Cloud#9 produces very thick smoke that you can feel explode in your lungs. The inhale is very smooth, with a nice aftertaste of fresh hash.

FOLLOW UP QUESTIONS

- 1. Dosage:** - 2 joints to reach desired effects.
- 2. Effect onset:** 1 Rate of how quickly the effect hit from 1-10 immediate-major creeper.
- 3. Sativa influence:** 8 Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.
- 4. Indica influence:** 2 indica influence (best described as a sedative, lethargic or numbing effect) detected from 0-10 none-extreme.
- 5. Potency:** 9 Rate the potency of the sample from 0-10 none-devastating.
- 6. Duration of effect:** - 2 - 25 hrs
- 7. Tolerance build up:** - 3 Rate of how quickly tolerance builds from 0-10 none-rapid.
- 8. Usability:** - from 1-9, a one indicates the worst time of day to consume this strain and a nine represents the ideal time of day.
Morning/wake up 2 Day/work 6 Evening/relax 7 Night/sleep 9
- 9. Overall satisfaction:** 9 Rate your overall satisfaction from 1-10 poor-Holy Grail.
- 10. Ability and conditions:** 8 Rate your overall ability to judge from 1-10 low-high.
- 11. Do you personally consider this strain a keeper for long term use?** Yes
- 12. Effect:** What effect did the strain have write P if the you got a POSITIVE effect and N if you had a NEGATIVE effect

P Ability to rest or sit still	- Paranoia relief
P Anxiety relief	P Sex drive
- Appetite	P Sleep
- Audio perception	N Speech process
P Humor perception	- Taste perception
P Imagination/creativity	P Thought process
P Pain relief	- Visual perception

Extended Medical Survey:

P ADD/ADHD	P Depression	- Muscular movement disorders
- Allergic rhinitis	- Diarrhea	- Nausea
- Amphetamine Dependence	- Epilepsy	P Panic Attack
- Anorexia	- Glaucoma	- Peripheral nerve pain
- Arthritis/Musculoskeletal pain	- Hepatitis	P Post traumatic Stress Disorder
- Asthma/Cough	- High blood pressure/Racingpulse	P Sedative/Opiate Dependence
- Bipolar disorder	P Insomnia	- Schizophrenia
- Cancer/Chemotherapy	- Itching	- Spasticity in Multiple Sclerosis
- Chronic fatigue	- Migraine/vascular headache	
P Crohn's/IBS	- Muscle Spasm	

FINAL COMMENTS: -

Overall we were very impressed with this strain s medicinal qualities. With it having a critical+ mother and a super silver haze dad, the smoke was very heavy, and the psychoactive effects are more noticeable in this strain than its mother. This was a great strain for moderate to severe pain, and the trim was very good for hash making and medibles. An excellent strain for getting those creative juices flowing, and very good for people with sleeping problems as this strain is very strong and has a high THC content. Thank you, Dinafem, this is another great strain you have created.





L.A. Woman



L.A. Woman



L.A. Woman

Strain: L.A. Woman
Breeder: DNA Genetics
Grower: Skunk-mad
Judge: Skunk-mad, 420grower & family
Date: January 1, 2011

- 1. Visual Appeal:** 9 Visual appeal of the buds from 1-10 unappealing-excellent.
- 2. Visible Trichomes:** 9 Visible trichome content from 1-10 none-totally covered.
- 3. Colors that are present in the trichome heads under magnification:**
Clear - 10% Cloudy 60% Amber 20% Dark 10%
- 4. Colors present in the buds and/or on a scale 1-9 light-dark:**
Green 8, Grey 1, White 2, Rust 7, Orange 7
- 5. Bud density:** 10 Bud density from 1-10 airy-dense.
- 6. Aroma descriptors:** scale from 1-9 upon freshly broken bud where a one indicates a subtle presence and 9 indicates a pronounced presence.
Earthy 2, Fruit 8, Skunk 5, Citrus 5, Spice 7, Lemon 9
- 7. Aroma:** 9 Aroma from 1-10 repulsive-delightful.
- 8. Seed content:** 0 Seed content from 0-10 none-fully seeded.
- 9. Weeks cured:** 6 If know the number of weeks your sample has been cured.

Comment -

This bud has a very strange structure to it but it still has excellent bag appeal, and the crystal content upon first inspection is amazing. When viewed under a scope, the trichomes have a very short stem with huge heads. The trim will make excellent bubble hash.





1. Utensils: Small glass pipe, joint with Headquarter papers

2. Taste descriptors: Use numbers 1-9 that apply to the taste where 1 indicates a subtle presence and 9 indicates a very pronounced presence
Floral 6, Citrus 8, Spice 4, Lemon 9

3. Taste: 8 Impression of the taste from 1-10 unpleasant-delicious.

4. State of dryness: 5 1-10 wet-dry where 5 is ideal.

5. Smoke ability: 10 smoke ability of the sample from 1-10 harsh-smooth.

6. Smoke expansion: 1 smoke expansion in the lungs from 1-10 stable-explodes.

Smoke Test Comments: - When smoking the L.A.Woman, you are overwhelmed with the taste of lemon with a hint of haze. It is a very pleasant smoke with a very smooth inhale that leaves a lovely aftertaste of zesty citrus flavors. We were very impressed with how smooth the L.A.Woman was on our throats, but the aftertaste is something I will remember for years. Very tasty bud that's pleasant on the throat is hard to find, but DNA has with this great little strain.

FOLLOW UP QUESTIONS

1. Dosage: - 2 pipe hits or 3 joints to reach desired effects.

2. Effect onset: 3 Rate of how quickly the effect hit from 1-10 immediate-major creeper.

3. Sativa influence: 3 Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.

4. Indica influence: 7 indica influence (best described as a sedative, lethargic or numbing effect) detected from 0-10 none-extreme.

5. Potency: 8 Rate the potency of the sample from 0-10 none-devastating.

6. Duration of effect: - 2 hrs

7. Tolerance build up: - 3 Rate of how quickly tolerance builds from 0-10 none-rapid.

8. Usability: - from 1-9, a one indicates the worst time of day to consume this strain and a nine represents the ideal time of day.

Morning/wake up 6 Day/work 9 Evening/relax 4 Night/sleep 5

9. Overall satisfaction: 8 Rate your overall satisfaction from 1-10 poor-Holy Grail.

10. Ability and conditions: 8 Rate your overall ability to judge from 1-10 low-high.

11. Do you personally consider this strain a keeper for long term use? Yes

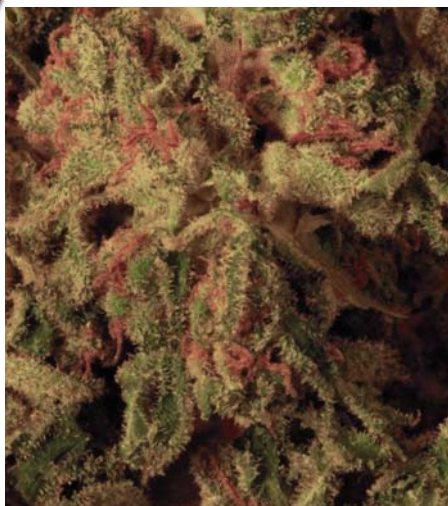
12. Effect: What effect did the strain have write P if the you got a POSITIVE effect and N if you had a NEGATIVE effect

P Ability to rest or sit still	- Paranoia relief
P Anxiety relief	- Sex drive
- Appetite	- Sleep
- Audio perception	- Speech process
P Humor perception	- Taste perception
P Imagination/creativity	P Thought process
- Pain relief	- Visual perception

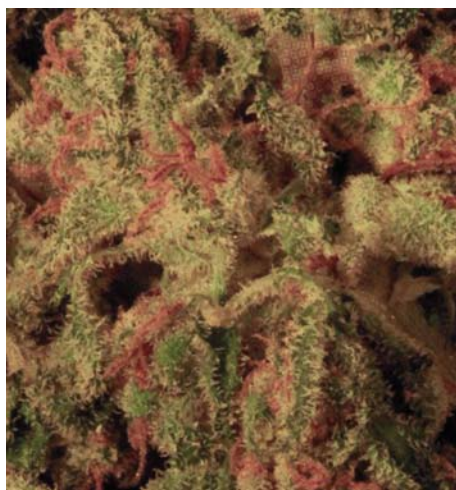
Extended Medical Survey:

- ADD/ADHD	P Depression	- Muscular movement disorders
- Allergic rhinitis	- Diarrhea	- Nausea
- Amphetamine Dependence	- Epilepsy	P Panic Attack
- Anorexia	- Glaucoma	- Peripheral nerve pain
- Arthritis/Musculoskeletal pain	- Hepatitis	P Post traumatic Stress Disorder
- Asthma/Cough	- High blood pressure/Racingpulse	P Sedative/Opiate Dependence
- Bipolar disorder	- Insomnia	- Schizophrenia
- Cancer/Chemotherapy	- Itching	- Spasticity in Multiple Sclerosis
- Chronic fatigue	- Migraine/vascular headache	
P Crohn's/IBS	- Muscle Spasm	

FINAL COMMENTS: -The L.A.Woman is not the most potent strain out there, but she is very good at relieving anxiety and does help with panic attacks. I would say that the L.A.Woman is more of a daytime smoke. If you want a strain for sleep issues, then I would try something different. Even after six weeks of curing, the bud is still very sticky to the touch, and this is a great strain to get the creative juices flowing. This strain is a Martian mean green x L.A.Confidential, and I'm reliably informed that the pheno I had was as close to 50/50 as you can get.DNA Genetics has created a great little strain with this x and I'll definitely grow it again in the future. Thank you, DNA, for this great little medicinal strain.



Flo



Flo



Flo

Strain: Flo
Breeder: DJ short
Grower: Don the Farmer
Judge: Snafu
Date: December 23, 2010

- 1. Visual Appeal:** 9 *Visual appeal of the buds from 1-10 unappealing-excellent.*
- 2. Visible Trichomes:** 9 *Visible trichome content from 1-10 none-totally covered.*
- 3. Colors that are present in the trichome heads under magnification:**
Clear - Cloudy X Amber X Dark -
- 4. Colors present in the buds** *and/or on a scale 1-9 light-dark:*
Green, Orange, Purple
- 5. Bud density:** 8 *Bud density from 1-10 airy-dense.*
- 6. Aroma descriptors:** *scale from 1-9 upon freshly broken bud where a one indicates a subtle presence and 9 indicates a pronounced presence.*
Floral
- 7. Aroma:** 9 *Aroma from 1-10 repulsive-delightful.*
- 8. Seed content:** 0 *Seed content from 0-10 none-fully seeded.*
- 9. Weeks cured:** - *If know the number of weeks your sample has been cured.*

Comment -

The nugs look like someone poured a bag of sugar all over them, with hints of purple mixed in with the beautiful green coloration! Nugs are fairly dense, with an aroma that reminds me of fresh-cut flowers and something underlying that is beautiful but really hard to put a word to describe it.



1. Utensils: Dbk glass Sherlock named Snafu

2. Taste descriptors: Use numbers 1-9 that apply to the taste where 1 indicates a subtle presence and 9 indicates a very pronounced presence
Floral 8, Pepper 2, Hash 2

3. Taste: 9 Impression of the taste from 1-10 unpleasant-delicious.

4. State of dryness: 4 1-10 wet-dry where 5 is ideal.

5. Smoke ability: 9 smoke ability of the sample from 1-10 harsh-smooth.

6. Smoke expansion: 3 smoke expansion in the lungs from 1-10 stable-explodes.

Smoke Test Comments: - This is a pleasant smoke that doesn't hit you full force right away! When it does hit, three to five minutes after the first inhale, pain begins to hide in the dark corner of the mind in fear. The aftertaste is pleasant, and is like what I would call a fresh bunch of lilies that had just been cut and put in a vase on the countertop. (I can say this because lilies are my wife's absolute favorite flowers!)

The smoke expands slightly, but just enough to give you a gentle tickle, but the aftertaste alone is worth the price of admission. Thankfully this purdy lady is more than just a one-trick pony.

FOLLOW UP QUESTIONS

1. Dosage: - 8 hits to reach desired effects.

2. Effect onset: 3 Rate of how quickly the effect hit from 1-10 immediate-major creeper.

3. Sativa influence: 3 Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.

4. Indica influence: 8 indica influence (best described as a sedative, lethargic or numbing effect) detected from 0-10 none-extreme.

5. Potency: 9 Rate the potency of the sample from 0-10 none-devastating.

6. Duration of effect: - 2 hrs

7. Tolerance build up: - 1 Rate of how quickly tolerance builds from 0-10 none-rapid.

8. Usability: - from 1-9, a one indicates the worst time of day to consume this strain and a nine represents the ideal time of day.

Morning/wake up 4 Day/work 4 Evening/relax 8 Night/sleep 7

9. Overall satisfaction: 8.5 Rate your overall satisfaction from 1-10 poor-Holy Grail.

10. Ability and conditions: 8 Rate your overall ability to judge from 1-10 low-high.

11. Do you personally consider this strain a keeper for long term use? Yes

12. Effect: What effect did the strain have write P if the you got a POSITIVE effect and N if you had a NEGATIVE effect

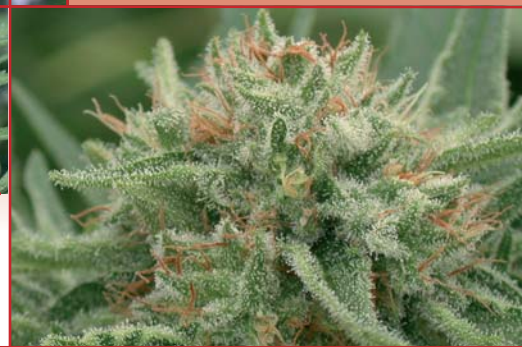
- | | |
|--------------------------------|---------------------|
| 9 Ability to rest or sit still | - Paranoia relief |
| - Anxiety relief | - Sex drive |
| - Appetite | 6 Sleep |
| - Audio perception | - Speech process |
| - Humor perception | - Taste perception |
| - Imagination/creativity | - Thought process |
| 8 Pain relief | - Visual perception |

Extended Medical Survey:

- | | | |
|----------------------------------|-----------------------------------|------------------------------------|
| - ADD/ADHD | - Depression | - Muscular movement disorders |
| - Allergic rhinitis | - Diarrhea | P Nausea |
| - Amphetamine Dependence | - Epilepsy | - Panic Attack |
| - Anorexia | - Glaucoma | P Peripheral nerve pain |
| P Arthritis/Musculoskeletal pain | - Hepatitis | I am attributing this do to the |
| - Asthma/Cough | - High blood pressure/Racingpulse | relief from the spasms in my back |
| - Bipolar disorder | - Insomnia | - Post traumatic Stress Disorder |
| - Cancer/Chemotherapy | - Itching | - Sedative/Opiate Dependence |
| - Chronic fatigue | - Migraine/vascular headache | - Schizophrenia |
| - Crohn's/IBS | P Muscle Spasm | - Spasticity in Multiple Sclerosis |

FINAL COMMENTS: -This is one of my favorite strains for helping me forget about pain and spasms; it doesn't completely kill either, but I sure can feel the effect that Flo has on both! I have been hard pressed to find a med that really helped with spasms! A huge thanks goes out to Don the Farmer and his gal E :). Hats off to guys for putting out proper meds!!!





STRAIN CATALOGUE

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Cannadental	\$75.00
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Connie Chung	\$83.00
Hashplant Haze	\$60.00
Kushberry	\$75.00
LA Confidential	\$90.00
LA Woman	\$90.00
Lemon Skunk	\$60.00
ReCon	\$83.00
Rocklock	\$60.00
Sharksbreath '09	\$60.00
Sleestack	\$90.00
Sour Cream	\$60.00
Sweet Haze	\$60.00
Cole Train	\$75.00
Confidential Cheese	\$75.00
Kandy Kush	\$90.00
OG Kush	\$105.00
R.K.S.	\$60.00
Silver Bubble	\$60.00
Sour Kush	\$105.00
The OG #18	\$105.00
Tora Bora	\$90.00

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FEMINIZED INDICA PACKS OF 5

Citrus Skunk	\$75.00
Medifemss	\$75.00
Medi Kush	\$75.00
Peace Maker	\$75.00
Skunk NL	\$75.00
White Rhino	\$75.00
White Widow	\$75.00

FEMINIZED SATIVA PACKS OF 5

Amnesia Haze	\$95.00
G13	\$95.00
NL 5 Haze	\$95.00

GREEN HOUSE SEED COMPANY

FEMINIZED PACKS OF 5

Alaskan Ice	\$70.00
A.M.S.	\$50.00
Arjan Haze #1	\$90.00
Arjan Haze #2	\$90.00
Arjan Haze #3	\$85.00
Arjan Strawberry Haze	\$95.00
Arjan Ultra Haze #1	\$95.00
Arjan Ultra Haze #2	\$95.00
Big Bang	\$45.00
Black and White J	\$70.00
Bubba Kush	\$75.00
Cheese	\$65.00
Chemdog	\$70.00
El Nino	\$80.00
Great White Shark	\$80.00
Hawaiian Snow	\$110.00
Himalayan Gold	\$65.00
Indica Mix A	\$70.00
Indica Mix B	\$70.00
Indica Mix C	\$70.00
Indica Mix D	\$70.00
Indica Mix E	\$70.00
Indica Mix F	\$70.00
Indica Mix G	\$70.00
Indica Mix H	\$70.00
Indica Mix I	\$70.00
Jack Herer	\$70.00
Kaia Kush	\$75.00
Kings Kush	\$70.00
K-train	\$75.00
Lemon Skunk	\$55.00
Neville's Haze	\$110.00
NL5H	\$70.00
Rasta K	\$70.00
Sativa Mix	\$75.00
Sativa/Indica Mix	\$70.00
Super Lemon Haze	\$95.00
Super Silver Haze	\$105.00
The Church	\$50.00
Train Wreck	\$70.00
White Rhino	\$80.00
White Widow	\$80.00

DUTCH PASSION

FEMINIZED PACKS OF 5

AutoBlueberry (auto flower)	\$100.00
Blueberry	\$134.00
Dutch Cheese	\$110.00
Durban Poison	\$90.00
Mazar	\$110.00
Ortega Indica (medicinal strain)	\$85.00
Pamir Gold	\$82.00
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PolarLight	temporarily not available (auto flower)
Power Plant	\$100.00
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Skunk #11	\$68.00
Snow Bud	\$72.00
Snow Storm	temporarily not available (auto flower)
Strawberry Cough	\$110.00
The Ultimate	\$116.00
Tundra	\$86.00
Ultra Skunk	\$100.00

FEMINIZED PACKS OF 10

Durban Poison	\$150.00
Jorge's Diamonds #1	\$180.00
Orange Bud	\$140.00

MR NICE

REGULAR PACKS OF 15

Afghan Skunk x	
Afghan Haze (ASH)	\$145.00
Critical Haze	\$170.00
Devil	\$120.00
Dreamtime	\$75.00
Early Skunk Haze	\$170.00
Mango Haze	\$240.00
Master Kush Skunk	\$145.00
x Afghan Haze	
Neville Haze	\$240.00
Walkabout	\$55.00

NEXT GENERATION

REGULAR PACKS OF 10

Avalon	\$80.00
Brain Warp	\$80.00
Jamaican Grape	\$80.00
Medicine	\$80.00
(Romulan Island Skunk)	



Photo courtesy of Gregorio Fernandez "GOYO"



Photo courtesy of Sonic

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REGULAR INDOOR PACKS OF 10

Haze 19 x Skunk	\$80.00
Nirvana Special	\$80.00
Skunk Special	\$80.00
Super Skunk	\$80.00

REGULAR OUTDOOR PACKS OF 10

Mix Sativa	\$80.00
Swiss Miss	\$80.00

FEMINIZED PACKS OF 10

Kaya	\$140.00
Medusa	\$140.00
PPP	\$140.00
Venus	\$140.00
Wonder Women	\$140.00

PARADISE

FEMINIZED PACKS OF 5

Dutch Dragon	\$60.00
Sensi Star	\$90.00
Nebula	\$75.00
Magic Bud	\$45.00
Opium	\$75.00
Sweet Purpleoetnik#1	\$60.00
Wappa	\$45.00
Ice Cream	\$75.00
Jacky White	\$75.00
White Berry	\$75.00
Delahaze	\$75.00
Automaria	\$60.00
Acid	\$75.00
Pandora	\$60.00
Lucid Bolt	\$75.00
Vertigo	\$60.00
Alikush	\$75.00
Atomical Haze	\$90.00
Automaria II	\$60.00

COLLECTION PACKS OF 6

Sativa Pack	\$87.00
Indica Pack	\$87.00

PYRAMID

FEMINIZED PACKS OF 6

Lennon	\$140.00
Nefertiti	\$140.00
Pipi	\$120.00
Tiburon (Shark)	\$120.00
White Widow	\$130.00

FEMINIZED PACKS OF 12

Lennon	\$245.00
Nefertiti	\$245.00
Pipi	\$215.00
Tiburon (Shark)	\$215.00
White Widow	\$230.00

RESIN SEEDS

FEMINIZED PACKS OF 5

Cannatonic	\$85.00
Sour P	\$85.00
Critical Haze	\$60.00

ROYAL QUEEN SEEDS

FEMINIZED PACKS OF 5

Ice	\$52.00
White Widow	\$45.00
Fruit Spirit	\$52.00
Power Flower	\$52.00
Shining Silver Haze	\$52.00
Amnesia Haze	\$60.00
Blue Mistic	\$45.00
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Critical	\$52.00
Indoor Mix	\$45.00
Outdoor Mix	\$45.00
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Royal Dwarf	\$38.00
Easy Bud	\$41.00
Quick One	\$45.00
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SERIOUS SEEDS

REGULAR PACKS OF 11

AK47	\$120.00
Bubble Gum	\$105.00
Chronic	\$105.00
Kali Mist	\$120.00
White Russian	\$105.00

FEMINIZED PACKS OF 5

AK47	\$120.00
Chronic	\$105.00
White Russian	\$105.00

SOMA

REGULAR PACKS OF 10

Amnesia Haze	\$285.00
Buddha's Sister	\$180.00
Hash Heaven	\$285.00

TGA

REGULAR PACKS OF 10

Agent Orange	\$105.00
Apollo-13 BX	\$105.00
Cheese Quake	\$105.00
Chernobyl	\$105.00
Dairy Queen	\$105.00
Deep Purple	\$105.00
Jack The Ripper	\$105.00
Jack Cleaner 2	\$105.00
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The Void	\$105.00
Vortex	\$105.00
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Julius Cesar	\$110.00
Blackwater	\$110.00
Jamaican Me Crazy	\$110.00
Jamaican OG	\$110.00
Jamaican D	\$110.00
Chem 4	\$110.00
Hazey OG	\$110.00
Purple Diesel	\$110.00
Regulator Kush	\$110.00

THSEEDS

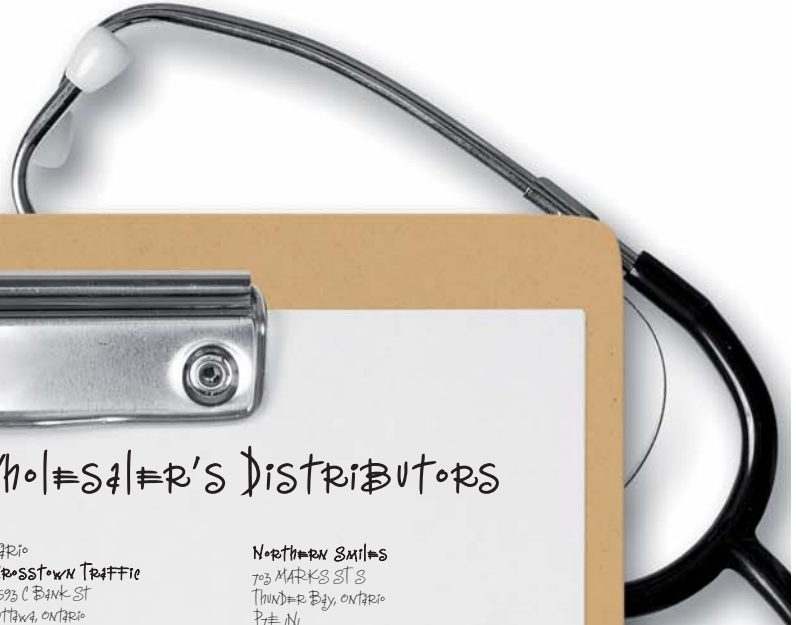
REGULAR PACKS OF 10

A-Train	\$128.00
Bubblegum	\$135.00
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Chocolate Chunk	\$ 83.00
Da Purps	\$120.00
Darkstar	\$128.00
Heavy Duty Fruity	\$109.00
Kushage	\$128.00
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Mendocino Madness	\$ 68.00
MK-Ultra	\$143.00
S.A.G.E.	\$105.00
Sage 'n Sour	\$135.00
Skunkage	\$ 60.00
Skunk XXX	\$ 35.00
The Hog	\$150.00
Wreckage	\$135.00

FEMINIZED PACKS OF 5

A-Train	\$60.00
BUKU (Burmese Kush)	\$53.00
Kushage	\$60.00
MK Ultra	\$68.00
S.A.G.E.	\$45.00
Sage 'n Sour	\$60.00
Wreckage	\$60.00





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Cannabis Cup winners 2009: Sativa Cup for Ceres Hilton

Ψe Harvestmen

released October 2010

The Harvest men are a breeders collective that started off with our love of the plant. Our goals are to re-invigorate the gene pool by working with pure land races and some old genetics we have. We are a group of people united through our common love of the plant. Some of us are dedicated medical users and we are also interested in all the plant has to offer both spiritually and medicinally. At the moment we are planning many things and are working on a bunch of different strains. We are more interested in breeding, in creating new strains then in just making crosses, or inbreeding clone only strains by feminization. We believe the plant can offer so much more.

We look forward to serving you.

Many blessings,

The Harvestmen



www.karmagenetics.com

theharvestmen.co.uk

CULTIVATION



I had a dream, that I grew a plant with massive rocket shaped flowers, compact, with fragrances like that found in a perfume shop and the plant kept telling me with a shrilling cry in my dream... feed me Seymour, feed me. I woke up and realized either I was meant to be an astronaut, a perfumist or a botanist. Since I have a fear for heights, it was not even a choice I better combine the other two into one work! So I became a seed breeder, grower, and medicinal user. Sense of humor is a big part of personality and I got my fair share, otherwise I may not have ever wanted to be in an industry living on the edge of legality from its inception till today!

As my career unraveled and I grew older and wiser (apparently), I began realizing that certain personalities went better with plants than others. Plant work and lab work rely on structure and system thinking with fore planning necessary...in fact you work 6 to 8 months ahead of yourself. Many people are not cut out to wait or plan things well in to the future so it is not for everyone. That is why we will take a look at the types of personalities behind the growers and plants in this article.

Open mindedness is an essential quality for most things in life. If you do not wish to miss out on any event then it is important to hold this trait within. You would be surprised at how many of those people who seem open minded but actually have serious prejudices and opinions harbored within. The way to over-come initial feelings and reactions to things that touch the rage button within is to try and do the opposite you feel to do. Practice it and you will see that the urges die down and equilibrium will follow.

Throughout my years of work I am asked to visit many grow rooms, strangely located clone producers, and suspicious farm houses converted to multi million dollar factories of cultivation spread across the globe. I am



a quiet person and probably due to the nature of my work, most growers feel unthreatened to show me their inner sanctums. I had many grow rooms all over the world and still do so it is all too familiar to me and I try never to break my rules if it can not be helped. Rule number one is to only ever show people what they need to see. However it seems most growers are happy to break this rule and invite me in...and can I read the people when I see the room or rooms and setup!

Walking into a new secret location and scanning the general room I see if organic material is left hanging around, if things seem ordered for production, the state of the health of the plants, smell of the air and its pressure, where chemicals are kept, how the wiring is done, if there are sophisticated electrics or amateur, where is the incoming and outgoing air situated, whether there are fans and if they are dirty, and a plethora more of details...all this is done by my eyes within seconds of being in a new place. Then without conscious thinking, I already understand the personality I am talking to. What I notice over the years is 4 distinct types of personalities that work on plants and within grow rooms. So I decided to list them and describe them as best I can.

Personalities behind the plants...

does it make any difference to anything?



thomasmayerarchive.de

Personality A is the over industrious multi tasking type. Capable to get all done, keep the different rooms very organized and hygienic with regular maintenance schedules. This character is usually with an eye for detail and always looking for new ways to upgrade things and make them more efficient and streamlined. Delegation of

tasks is a natural part of this persona. All seems to be breathed in and breathed out without too much stress related. Keep a lot in their heads but writes down and does planning on paper to gain structure and time frames. Usually a leader type character with a good perspective on all the small pictures that go together to make up the big picture. People tend to ask advice and help from this sort of persona...wisdom and practical efficiency are terms that best sum them up.



washingtontimes.com

Personality B is the quiet, meticulous and systematic type who is almost shadow- like and unnoticed in normal situations. The sort of person is content looking at leaf structures or walking around with an eye glass gazing at the plant kingdom in miniature and happy to be surrounded by plants rather

than too many people. Highly task orientated and keeps the rooms in a very clean and organized way. Highly self analyzing to quietly master the crop in front of them, excellent discipline for plants and successful flower growers. This persona is best educated by watching and learning from others mistakes, and always doing research and gathering knowledge from all realms of the plant kingdom.

Personality C is the smoker who wants to grow to get his meds but out of necessity learns to grow. This type of person is usually a pissed off smoker type who got motivated to buy a setup and some seeds since the alternative was the crap served up at high prices

on the black market. Tends to hit and miss with grows depending upon their external influences as growing is not something that comes natural at the beginning. With a few successes this type of character can turn into a master and go onto be a hobby breeder and successfully learn a lot along the way about themselves and their capabilities. Medical growers are in this category since many of them that did not use cannabis before learning to grow to deliver themselves meds. The potential influence of growing changes these people's lives in a fulfilling and positive way.



novapublic.com

Personality D is the sporadic grower who can learn to see the units or systems behind the cultivation but cannot successfully understand exactly what they are looking at or for, as plant life seems so alien to them. This persona tries as hard and is as diligent as either of the others but since they do not exactly feel confident around plant life. Motivation to grow arises out of initial economic reasons and finished product demand which usually implies a little impatience and this can cause mistakes and failures. It is difficult for this type of grower to really do well as if you



syndicate.com

do not eventually see the units to make things simple, then it is really a lotto style of growing. But people click to things if they get enough practice and they do have the potential to go on to greater things. Many first time growers or young growers tend to best be described as this personality type.

to go on to greater things. Many first time growers or young growers tend to best be described as this personality type.

These are general observations made by myself over a few decades watching teaching and training different genres of people this new alternative vocation. It is by no means a set in stone personality to job standard and there are always plenty of exceptions to the rules. Where there is not real regulation in a field of work but rather to a set of machinery used, it tends to allow for greater diversity in people attracted to the work place, as there are less constraints placed on the work force. That means all people can potentially do this work, and believe me all types try and succeed! I have met bankers and lawyers who never touched a living thing in their life blossom into incredibly competent cultivators. I have the best farm workers develop from people who did not know where the roots grew on a plant. The



worst people I had to deal with were those who thought they knew the only way to grow a plant was their way...needless to say they did not pass the humor or open minded test from the start so it was never going to last, but you have these types in all work.

Personally I achieved a lot in the growing and flowering of cannabis but I am most specialized in darkening greenhouse grows on commercial scales. With this comes an incredible amount of manual work which needs a labor force, training etc... To this day my most favorite story of recruitment of a type of person to help in the Cannabis world was when I realized we were going to need several hundred plant cleaners at harvest of one particular greenhouse in Switzerland that had 25000 plants indoors and 60000 plants outside. So I made a calculation that if every cleaner did 10 kg of fresh plant per day on average and we expected 15 to 20 tons of fresh plant for that harvest...do the math's you find a workforce of 200 could do 2 tons per day. So a week with 200 cleaners and things should be ok. Then I decided to take a different approach, more lateral. I decided to advertise for out of work hair dressers. I received and processed a group of them, 20 to be precise and separated them from the other cleaners. I know this ▷



is going to sound ridiculous but the best of the 20 was averaging on a daily rate 36 kgs of fresh plant and the worst in the group was doing 26kgs...needless to say the following year I employed every out of work hairdresser within 100 km of the farm during Harvest time. It is a simple solution to a big problem that came from an idea out of the box...and it worked and works to this day.

So to simplify personalities to plants it is fair to say that all people can learn to work on and with plants. Some are by far more comfortable and competent and patient than other types. Learning basic principles and allowing ones understanding to develop a style that works for the individual along the way are good advice to those thinking to work or run cultivations. But the most important thing to watch for is how the plant reacts to the person. It will be easy to see which persons are sensitive to plants as they will look the healthiest. In the end all the personalities of the world may think they are the best for the job but the final judge will always come from the Cannabis plant itself! 🍀

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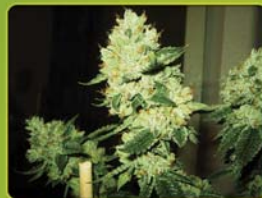
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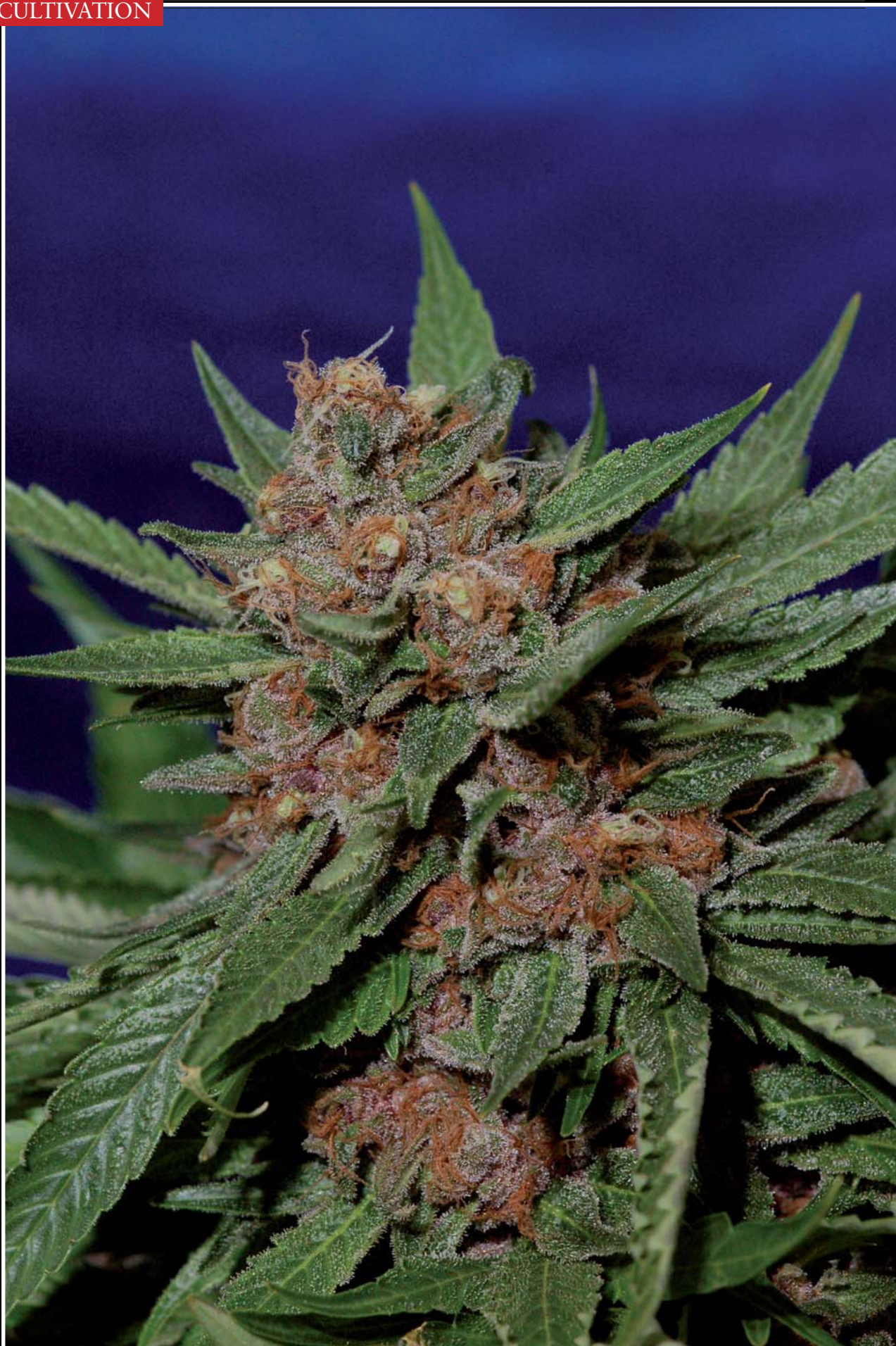


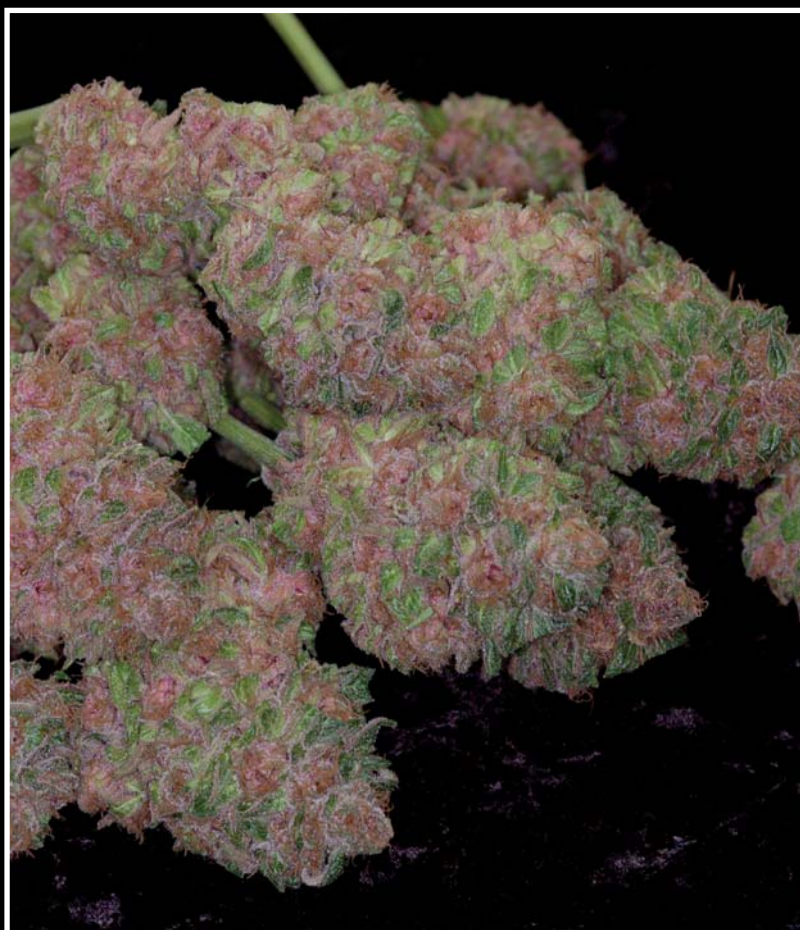
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Black Cherry Soda

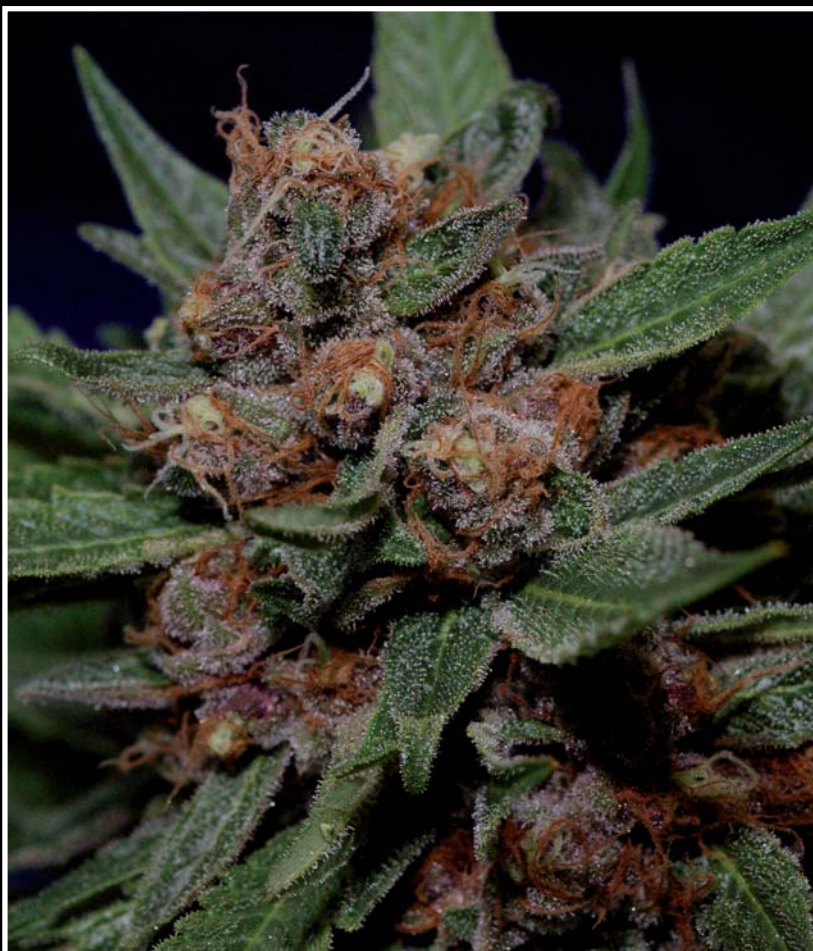
First Look

Subcool

www.tgagenetics.com
www.youtube.com/user/subcool420

As a photographer I am simply in love with this plant. Each day brings more vivid contrasting colors and just when I thought I had seen the pinkest buds ever, it turns an even cooler color. I first tasted a small piece of this strain about 6 months ago and I am rarely impressed with stray samples that come around but this one got my attention. If you follow my work you know that I never really loved the Black Russian strain I worked with a few years back and I let the parents go. This strain which we do not





know the parentage of has a similar flavor but the Black Berry is much more pronounced and it has a much denser structure and a ton more visible resin. The trichomes are stacked together and have a pink/magenta hue to them in my macro close ups. I asked one of my colleagues in the medical community "Dioxid" if I could get a cutting and a few weeks later he let me know he had secured a cutting. The only problem was that it was sick and it had mites and who knows what else so Dioxide transplanted the cutting and put her into his plant hospital. Once the plant was free of bugs and healthy enough to take fresh cuttings from he did so. The clones rooted about 7 days later and I was happy to learn one had my name on it. I also put the clone into quarantine which means I kept it separate from my main medical garden and made sure it was pest free for a few weeks before introducing her into my main area.

The plant grew well but very little side branching occurred and I had to top her several times to form a nice bush which took some additional time. I grew the plant under 18/6 light schedule until she was 30" tall with multiple heads. Once the plant was placed into the flowering room (12/12) it was only a few weeks before the pink coloring started to show. I have pictures at week 3 that already show the plants unusual trait of a pink inner bud while the leaves remain dark green. By week 4 of budding the plant was covered in resin and a vibrant light pink color. The plant was grown in my super soil and until day 30 fed only water. At day 30 I like to give the plants some sugars and starches and apply Bud Candy and Sucanat (Raw Sugar) which increases resin production and enhances smell. This is an old trick farmers have been using for years but it also feeds the many beneficial microbes in my soil. Week six brought a deep magenta coloring covered in resin so deep the upper buds look frosted. The smell was like Black Berry wine or maybe even liquor with a hint of something else we call "Soda". The combination of smells is very strong when the plant is moved around and each time my arms are just covered in resin and feel sticky.

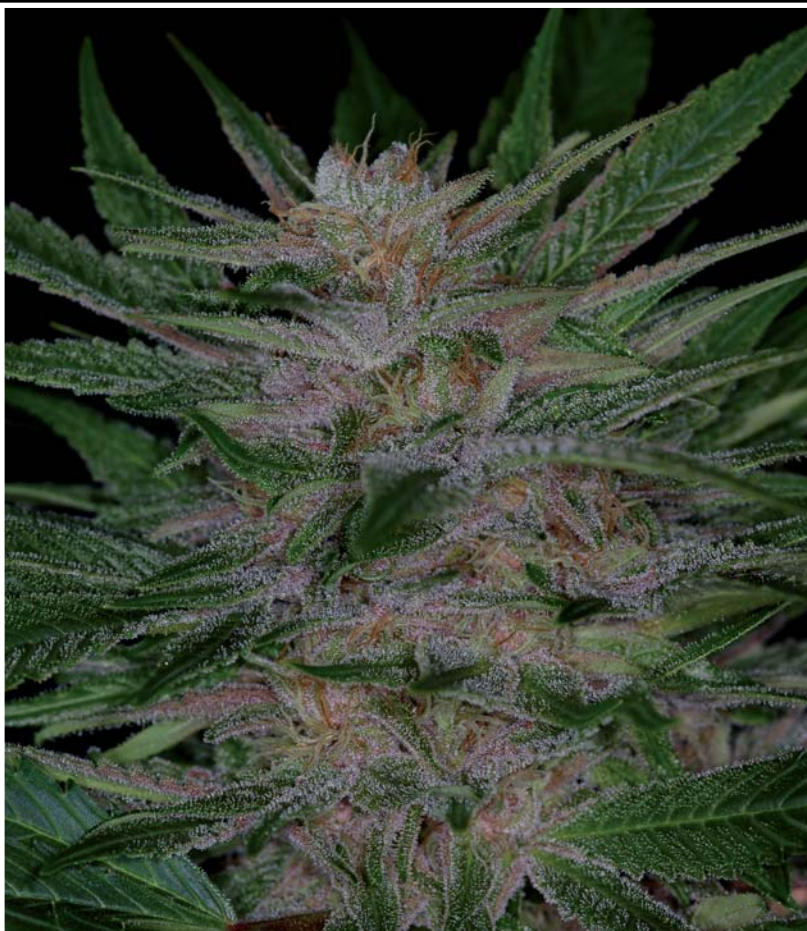
Is the plant good enough to breed with? I haven't determined that but I won't be killing the clone anytime soon. We are growing out a Devil Berry hybrid that has solid purple leaves and is also known for its Berry taste so that is one possible pairing. The first outcross we would consider is with our Space Queen male.▷





He could make a turnip potent if you bred him to one so that's usually my first step. If we do and if that increases potency and the plant looks like a good stable mother we might explore further.

By day 51 the plant doesn't even look real in person much less in pictures. If anyone is thinking these photo's have been doctored they haven't. I don't know how and I use simple CFL bulbs and reflectors and the only thing I do in Photoshop is Resize for the web. This plant is actually this color and in fact as I said maybe a little more stunning in real life. The one big difference though between my eye and my Sigma 105 MM Macro lens and my eye is to me it looks mature. Every hair withered and they have changed to a rust color. The camera however allows me to zoom in using Photoshop and magnify the trichome heads. This allows me to see clearly how many are clear, cloudy, and starting to turn amber. This is the true indication of floral maturity and I like to harvest when 30% of the heads are the color of Cola. I don't always pull this off and when I have needed the room I have harvested too soon and missed this perfect window. So I have harvested the two main cola's to allow more light on to the juicy second shelf buds that were shaded the upper buds and the massive fan leaves that were attached.



I have now smoked a few different samples of this colorful strain and I enjoy smoking it very much. It has a high "smokability" factor because it tastes so good but also because it's not as potent as some of my hybrids. The flavor is indeed of Blackberry's and the taste comes through the smell very well. There is an underlying "Kush" smell but its mild and this is one of the best tasting strains of its type that I have tasted to date. I can easily take in 5-7 small bowls of this strain when something like my Vortex or Space Bomb would medicate me in 2-3 of the same size bowls.

We like the traits of this strain so much we are working on several hybrids created with her the first that is just finishing going through the testing process shows great promise, we call her Plush Berry and she seems to have that same amazing smell and Pink coloring but you will have to wait till next time for that story. 🍷

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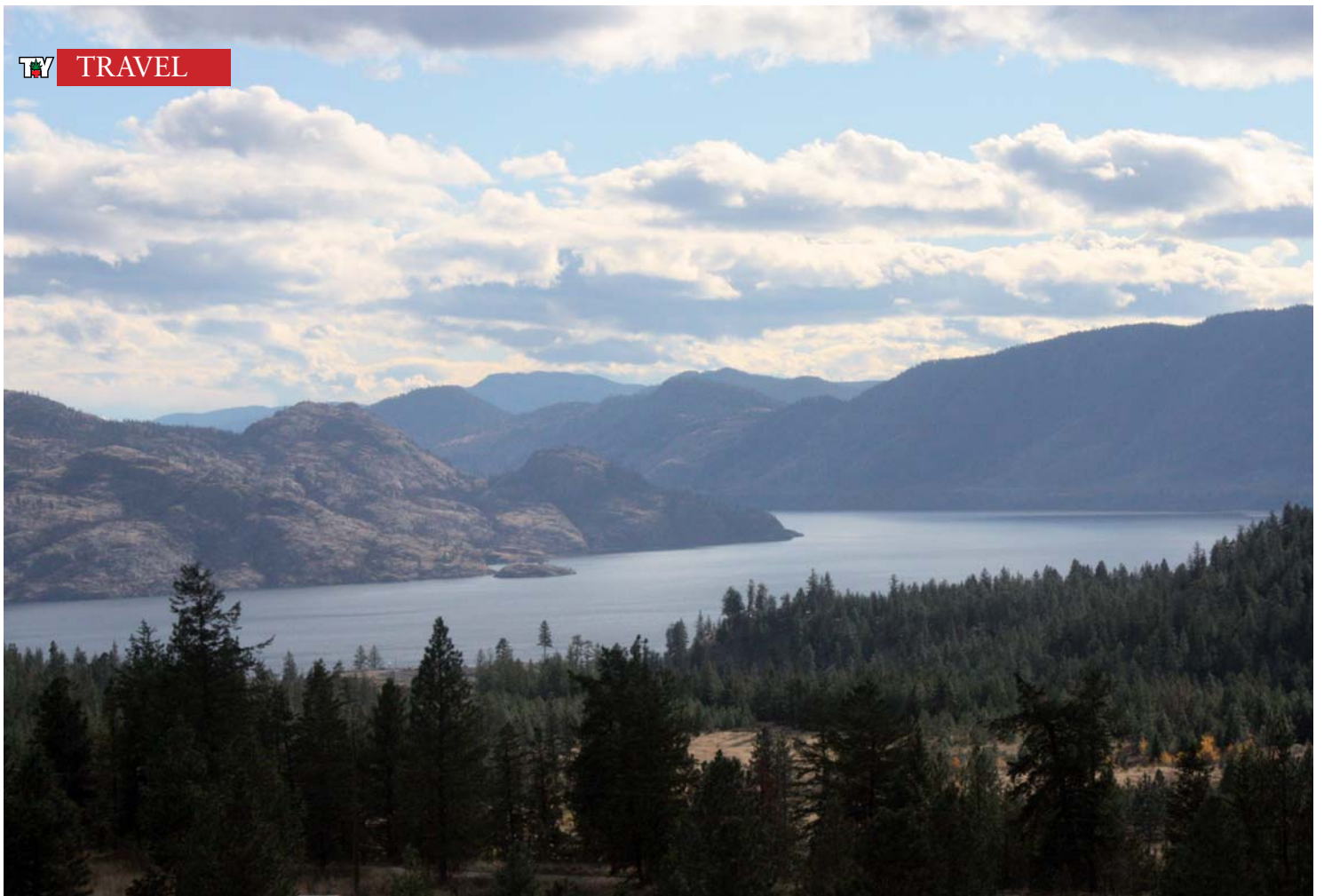
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TRAVEL



The Okanagan Valley

By Carl Anderson

About the author.

Carl Anderson is the executive director of the Canadian Safe Cannabis society, a nonprofit compassion club, and president of the Canadian Safe Cannabis Laboratory in the interior of British Columbia. He can be contacted at carl@ilikecannabis.

The Okanagan Valley of British Columbia is a pristine wonderland of summer and winter recreation. Nestled between the Cascade Range on the west and the Monashee mountains to the east, it boasts some of the warmest and driest climates Canada has to offer. The landscape, which ranges from flat to low, rolling, and mountainous, is dotted with handsome lakes that arouse the onlooker to reminisce about youthful summer days spent swimming in the clear waters and sunning on the beach.

Originally populated and named by the hunting and gathering Salish First Nations people, the Okanagan Valley holds a population of approximately 350,000 today. The earliest non-natives arrived here in the early 19th century. They were fur traders establishing routes for their products to reach the Pacific. The fur traders were soon followed by ranching settlers and miners. By the early 20th century, the real resource of the Okanagan Valley had been realized: fruit production. By the time of the Kettle Valley Railway's completion in 1915, which would ensure safe passage of Okanagan produce to market, there were millions of fruit trees in the area, and the population was exploding.

Today, most of the fruit orchards have been replaced by grape farms. Ninety percent of B.C.'s wine grapes are currently produced in the Okanagan Valley. Most are contracted to the many wineries located throughout the province. The wine industry is booming. Grape production has been increasing annually for decades in the



Okanagan; so have wine revenue and property values.

There is another booming growth industry in the Okanagan valley: marijuana farming. More profitable than wine and fruit combined, it is estimated that BC pot farmers are generating \$4 billion a year in revenue, a good portion of it in the Okanagan Valley. That's not surprising, considering the warm climate, large tracts of land, vast water supply, and the fact that most citizens are descendants of fruit and grape farmers. Like the wine, much of the marijuana being produced in the Okanagan Valley is considered by many to be some of the best in Canada. Many of these pot farms are illegitimate, but a growing number are perfectly legal medical marijuana production sites. ➤



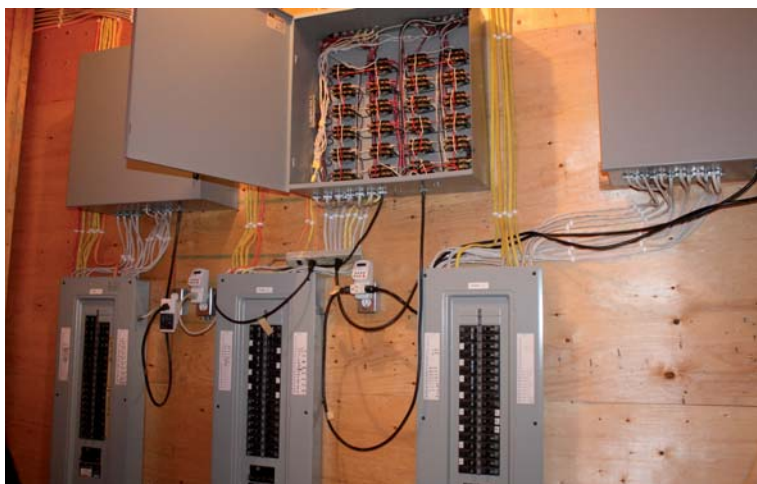


As executive director of the Canadian Safe Cannabis Society, I have access to some of these medical marijuana production sites. Part of my job is to ensure that safety and quality standards are being adhered to, and that the marijuana being produced is going only to legitimate Canadian medical users.

This garden, surrounded by vineyards, orchards, and sheep farms, is located on a small, nondescript acreage in the heart of the Okanagan Valley. Driving through the area, I am always amazed at the herds of wild deer that loiter in front yards and have little fear of humans. In a small nearby town, one deer went trotting through a crosswalk in front of me as if it were a pedestrian. Arriving at the site, one would never guess that it houses a medical cannabis production operation. The locked, heavy iron gates are the only sign that something more than grape growing or sheep farming is going on.



I am met at the gate by R, a former outlaw grower turned medical marijuana producer and consultant. In his late 30s, he has been doing this for over 20 years. When asked why, he replies, "I cannot remember why I started, but now it's all I know how to do." R constructed this place for a couple of licensed medical patients and helped them learn how to run it.



The garden is designed and built specifically for the production of medical cannabis. Housed in a 60- by 90-foot, steel-clad structure sitting on a cement pad, it is legally licensed by Health Canada for 250 plants. There is a central hallway running the full length, with growing areas on either side. To the left of the hallway are the flowering rooms, and to the right a large veg room as well as a harvesting and drying area and the water filtration room.

The garden is powered by 600-amp service. All the electrical is certified by an electrical company to be safe and meet all local building codes. Each of two ballasts uses one 240V breaker with a definite purpose contractor. "These are similar to relays, except with higher amperage ratings," R said. "We used these because they are the safest way to go."



There are four flowering rooms of 600 square feet. Each one contains 20 large, flowering plants lit by 12 air-cooled, vertical 1,000-watt high-pressure sodiums along with 30 200-watt t8 fluoro fixtures to provide side lighting from the walls. The size of these plants is impressive. Each one will eventually reach heights of eight to nine feet.

With the vertical side lighting, there is no need for training. Each flower room is equipped with a large 16-burner Blue Ox CO2 generator and sensor to keep the CO2 levels optimal, and has its own 80-gallon reservoir sunk right into the cement floor. According to R, "20 flower-▷

ing plants will consume the contents of the reservoir in 24 hours.” The recirculating reservoirs are cooled using Hydrofarm Active Aqua chillers. The nutrient solution is constantly being recirculated by mag-drive 1,200 pumps. All the lights are cooled by 12-inch 2,000-CFM centrifugal fans constantly recirculating the air through a lung room in the attic. The CO₂-enriched room air is constantly being circulated by a half-dozen oscillating fans. Each room also has a wall-mount, 24,000-BTU air conditioner for use during hot Okanagan summers.

The finished plants are harvested with a Centurion Twister, which comes highly recommended by R: “I bought this unit eight years ago, and it has worked flawlessly ever since. Two people feeding it can harvest ten pounds a day easily.” I was surprised to find out that the original blades are still working well after almost a decade and many harvests. All he has done is cleaned the unit well in between uses.

The 20 by 50 foot vegetative growth area is equally impressive, with 20 vertical 1,000-watt metal halides. The smaller vegging plants are lit by ten overhead 200-watt t8 fixtures. There are several mother plants to ▷



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ensure continuity of new stock. This room also contains a 16-burner Blue Ox CO2 generator and numerous oscillating fans. The medium for all the plants throughout the grow is Hydroton, in five-gallon buckets. "It's a bit of a pain in the ass when transplanting, but we work with it because we can recycle and reuse it," said R. Each bucket has two spaghetti lines top-feeding, draining back out the base, and recirculating back through the reservoir.

When I asked about water supply, R responded, "There is a good supply here from the well, but the water is nasty. Clean water is crucial to this type of operation. To meet water needs, we had to spend a considerable amount of money." One look at the filtration system verified this. The water is first put through the water softening system to remove unwanted chemical elements and tannins. From there, it is filtered with a reverse osmosis unit and pumped into the large 300-gallon holding tanks. "This system can turn 600 gallons of hard well water with a pH of 5.0 and TDS of 500 into crystal-clear potable drinking water with a pH of 6.4 and a ppm of 0 every day," R said.

This garden easily meets or surpasses all the safety and quality standards of the Canadian Safe Cannabis Society. The electrical is all professionally certified. It has a stamped fire extinguisher in every room. All rooms that do not contain burners have CO2 safety monitors as well. The building is very clean throughout, and no banned toxic chemicals are used. Entries are all barred by iron gates with padlocks, and there are closed-circuit cameras and an alarm system.

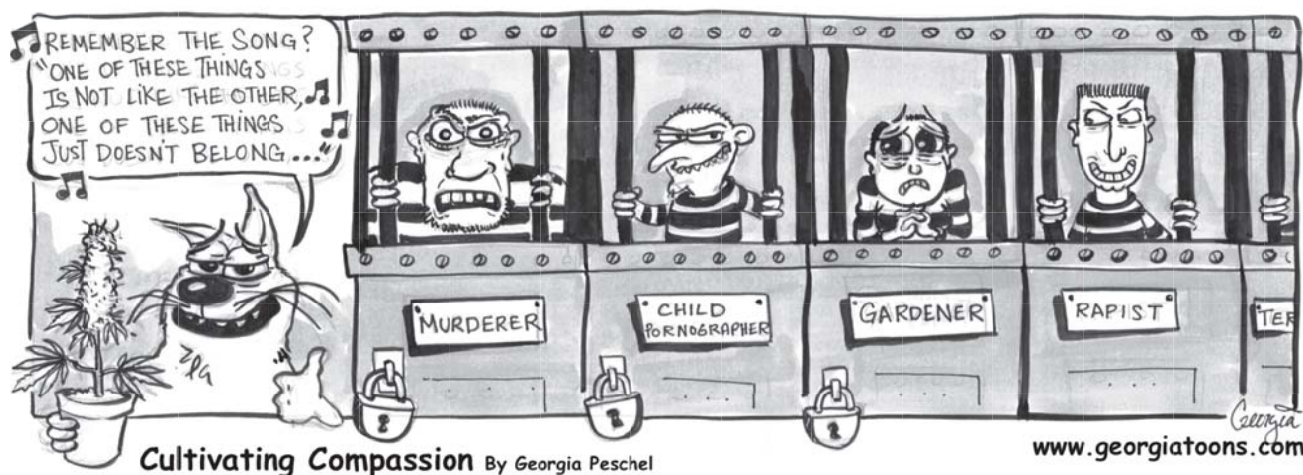
The quality of medical cannabis produced is high. The flowers are all well flushed with straight water for two

weeks before harvest and dried to exceed acceptable moisture levels. Types of cannabis grown are all highly sought-after medical strains such as OG Kush, Bubba Kush, Hashplant, G13, and Kish. Our testing facility is not in operation yet, but the results will follow in a later article, and I have little doubt they will be impressive.

R is currently consulting on a similar-sized greenhouse garden with light deprivation shades. I will also do an article on that show, which is slated to be completed late January to mid-February 2011. About that, R said, "Greenhouse growing is the future of medical cannabis production in Canada. It will enable producers to supply quality organic product at a far lower price than indoor production currently allows. The new facility will also be federally certified organic, which is better for the consumer, the grower, and the environment." +



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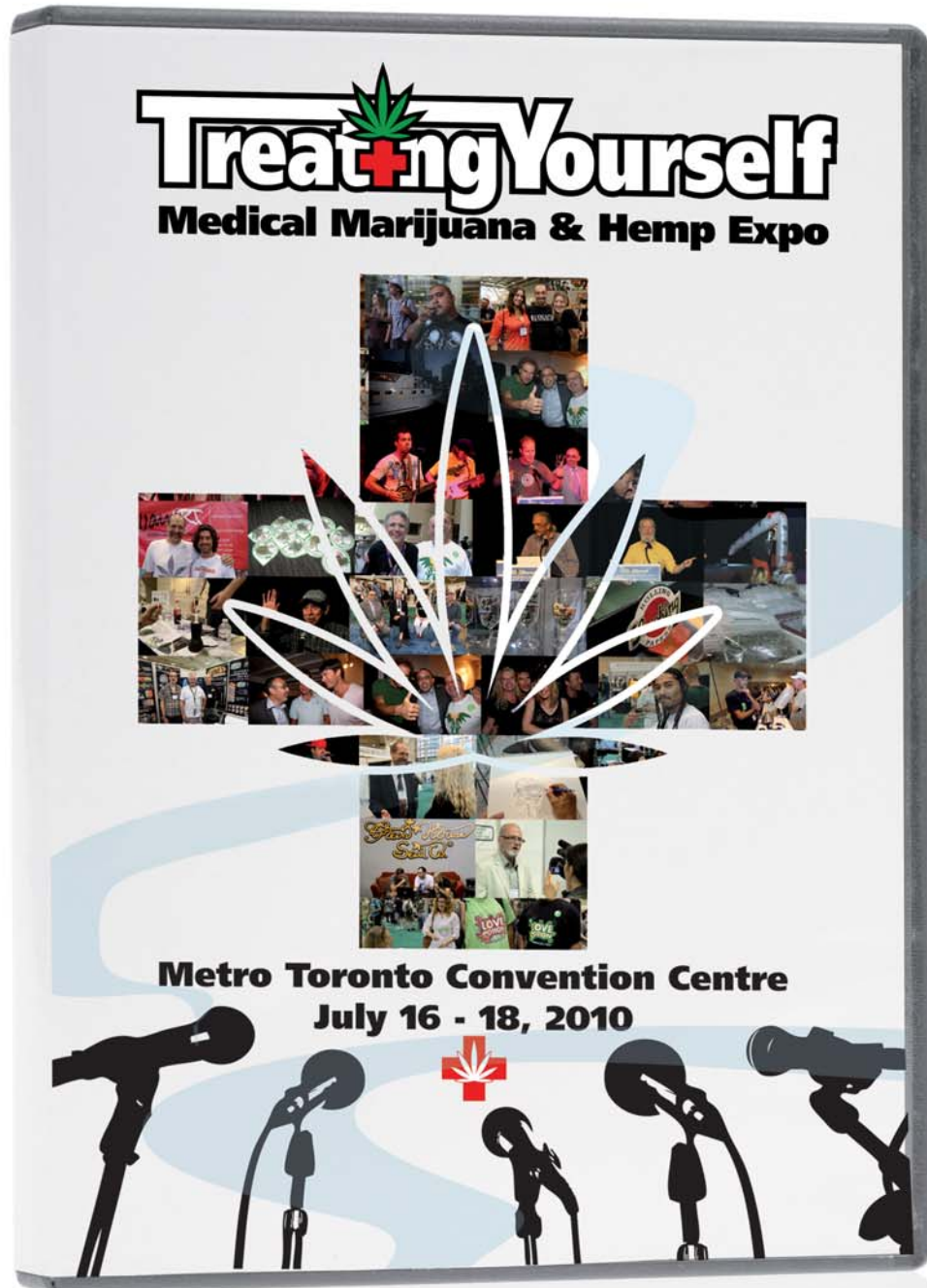
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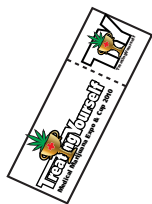
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California Expos

by Jeremy Norrie

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California is home to many wonderful strains of marijuana and a booming medical marijuana industry that has caught the attention of the world. Some places in California are better known than others, and really have become the focal points, while others are trying to make their own name. Recently I had the opportunity to attend four great events geared toward the marijuana trade, and it was a real experience. The debates in California about the proposition that would tax and regulate marijuana for adults 21 and older had made these events heated and full of turmoil. Let's take a look at what happens in California at a cannabis expo.



The first one I attended was in Anaheim, and it was called the **"Know Your Rights Expo."** Orange County NORML put on this event, and a couple of my friends and great guys in general, Ed and Bill, were deeply involved. One of the most impressive things about this event was probably the fact that it was even

permitted at all in the location they chose, which was directly across the street from Disneyland. The Anaheim Convention Center was potentially the most impressive and properly maintained venue I have ever attended at a cannabis expo. All the employees were helpful and well informed, despite the fact that this was by far the smallest event of the three I recently attended.

Small as it may have been, there were a good number of speakers and booths on display, with a great deal to offer the average attendee. There were some discounted water pipes and glass pieces of all different kinds, including many of the products we normally see, like the Vapor Store and the Essential Vape, among others. There was a great new product I saw that was a thumbprint ID lockbox for storing medicine, and there were, of course, a few companies doing medical marijuana recommendations. I needed to get a new one for this year, so Epione Medical Centers was gracious enough to handle my evaluation on the spot, and I assure everyone they're a legit company and I've used the recommendation various times without any issues since then. Outside, there was a small group gathered, and medicating went on all day without a complaint or ►



HEMP CON 2010 MEDICAL MARIJUANA SHOW

life. It was a wonderful single-day event, and I look forward to what they may do in the future.

The next event I was able to attend was the second **HEMP CON** that took place again at the LA Convention Center. Earlier in the year, the first event was a fairly large success. Many people attended, and the vendors who were there sold a great deal of merchandise, making it a good show for everyone. This event was a little different, and despite the huge success of the previous show, this show did not fare as well. It obviously wasn't as good as it could have been, but some people had a great time anyway.

From what we had heard, the people who put on the event also have hosted tattoo conventions, and the last time they had a great deal of tattoo-related booths. This time they had stepped it up, and virtually all of the vendors were related to the cannabis industry. The event was still small, but it had expanded into the larger area in the

a problem of any kind. People were singing and dancing, playing music, and hanging out, enjoying

Convention Center, and the Adult Con had moved into the smaller side. The promotion for this event was only average, and they seemed to rush out the signs and things at the very last minute, so as you might expect, there was not anywhere near as many people who attended.

The result was an increase in price the last day and some disappointed attendees. There were some good speakers and many of the same vendors we see at all the shows. Great magazines like GROW and LA JEMM were also there, of course. Checked out some weird new ideas about reflections and frequency applicators, some New Age stuff I am not sure if I totally accept or not. There were some things that seemed to do really well, and of course they were the low-priced glass vendors and then the medical marijuana recommendation tables. T-shirts and hemp products were also plentiful, but seemed to be more or less struggling. The show itself was good, and there was a heated debate about Prop 19, but not as crazy as the one we were to see in San Francisco. All in all, I had a great time, but it was socializing with the other great people who attend these shows, sharing the latest medicine we got or grew, and talking about the things we all love that make it great for me. As long as I can do all that, these shows are always fun.

AWARENESS EDUCATION ADVANCEMENT
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The third event was the biggest and the best:

**the
 International
 Hemp Expo**

at the Cow Palace in San Francisco. This event allows medicating, and there are vendors selling medicine at the event. This concept alone makes the event ten times more fun for anyone who wants to come. Add to that that it had Redman on the bill, and that made it really cool. There was a great moment when Redman performed for a very small crowd (by his standards) and killed it.

The show in general was huge, with so many different vendors and dispensaries. It had doctor's recommendations separated into another room. The glass vendors and the cannabusinesses were doing great, but the outside area where the edibles and medicine were being given away for free was absolutely packed. They had so many options and even a VIP area with a hash bar and more. The debate at this event was legendary, and it was really sad to see such a horrible divide in what could be a great community of cannabis enthusiasts.

Dennis Peron was supposed to speak against Prop19 as the main author of Prop 215 and a huge cannabis activist in San Francisco. He was not allowed to speak, so he and his supporters made a huge scene to get their message out; NO ON 19 was their battle cry. Instead, there were two lesser-known speakers who I was not as impressed by. There was a chance to wait in line to speak, and Dennis did that. He directed his question to Richard Lee from Oaksterdam University and was basically hit with the same conflicting statements that cluttered the entire debate.

As far as I could tell, the arguments are simple. The people in favor of Prop19 were claiming that it would be a huge revenue source for the cities that decide to take part in what they are calling the Tax and Regulation of Cannabis to those 21 years old or older in California. They say you will be allowed to possess an ounce of marijuana, and you can grow in a 5 by 5 area (25 square feet) for your personal use. They also claim that they will allow for cannabis sales in retail locations, with the potential for on-site consumption. It all sounds very similar to the rules in Amsterdam — possibly slightly better in some ways, and slightly worse in others.

The people against Prop19 say a variety of things, and they basically choose different areas to focus on as their preferences of imperfection in the proposition. Mainly, the argument is about medical marijuana and how laws for medical patients will be impacted by this proposition. The people for it say they have written in the doc-

umentation a section that guarantees protection to medical marijuana patients and providers, saying essentially anyone operating within the medical marijuana laws would not be subjected to the rules put in place by Prop19; however, the opposition says that the area where this was written is not a place where it would be usable in a real case in a real legal situation. They say that medical patients would be impacted negatively by the proposition. Also, opponents say people age 18 to 21 are not permitted to use marijuana under Prop19, and the punishment for an adult above the age of 21 who consumes marijuana in the presence of a minor would be worse than it is currently.

Other people claim that this would result in big companies entering the cannabis growing business, including big cigarette companies and the like. Still others maintain prices would plummet as low as \$80 an ounce. There was one group saying the laws were even written in a way so that police could still generate plenty of income from infractions and not lose out on the revenue they currently enjoy.

Ultimately, I think it's just a matter of choice, and the people against it will not be swayed and will choose to believe that the things they are arguing are true. In turn, the people who are for the proposition believe they have done things correctly and also think they will be the ones who turn out to be correct and telling the truth.

There seems to be only one sad and tragic way to find out: wait and see. Looks like we will be waiting till 2012, as Prop19 was narrowly defeated in November, mostly due to a combination of things like we just mentioned, but also a very effective smear campaign targeting the portion of the proposition that discussed employment regulations for marijuana users. There are a number of places and potential legalization initiatives promised for the next election, and hopefully one of them will be a success and rise above all the shallow minds that held back this last effort.



Last, we attended the recent **Fifth Doesha Cup** in Los Angeles. It was a wild and crazy event, and this one was geared almost exclusive-

ly to the hip-hop culture of California. They allow smoking with your 215 rec., and they have a cannabis cup competition. You buy a judge's pass and participate in if you like. Also, there are cannabis and hash as well as edibles for sale all over the venue. Most other booths have vaporizers, and some have T-shirts, but it isn't a very large event, so mostly it's cannabis sales. The main acts for this event were the well-known legends Rodney O and Joe Cooley, with the headliner Kurupt and the ▢

DPG. It turned out to be much more fun than I thought, but they need to get the sound done better the next time. My ears are still ringing!

So all in all, I had a wonderful time traveling around the different places and experiencing the different people in the cannabis industry. These big events have so much potential; it's a wonderful atmosphere and we all seem to have the best times. I can't wait till more and more people see what these events can be like and they start to become as big as some of the other conventions, maybe someday like the Comic Con, if we really can hope for the best.

That concludes this issue's crazy tale of cannabis expos and what it was like to experience each one. I hope you will be able to use the article to find more information about the events in your area and how you can attend them, or maybe travel to one of ours in the future. Maybe you have been thinking about looking into these shows more for yourself, and now you can use this info to decide the best ones to attend. Next issue we will talk about more cannabis-related news.

Don't forget to check out www.FutureofFighting.com to bet on fights and get the latest news about UFC and Mixed Martial Arts; also www.RLDDVD.com for the very best DVD about Amsterdam's Red Light District. Take it easy, have fun, don't believe the hype, and find what works for you.

Good luck. 🍀



Cartoon





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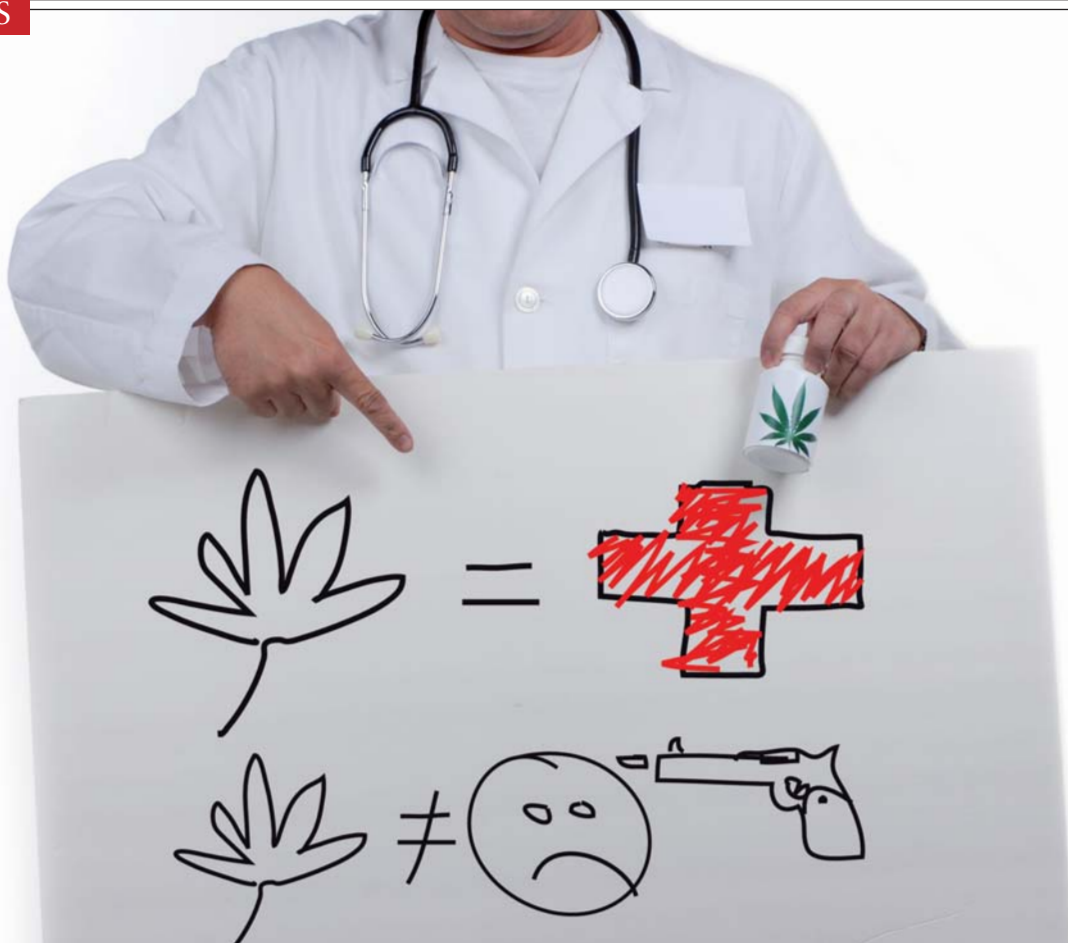
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People Advocating Cannabis Education believes that part of the solution to ending the war against the cannabis plant is education. For almost 100 years, those in authority have constantly pushed that cannabis is a dangerous drug, a drug that can lead to violence and death, something many of us have learned as being false. What they don't educate people on is its health benefits to mankind.

With P.A.C.E. believing education is one of the keys to cannabis being accepted in society, we have embarked on a journey to help educate the grassroots with the hope that over time, our education will expand onto others. It's simple to just tell people something and hope they retain it and then spread it onto others, but when you can visually show people the truth, it sticks because they now have a visual of what you are trying to get them to understand.



In my last article, I touched on the fact that P.A.C.E. had shown a cannabis education movie at the Grindhouse Cafe. After that first movie, the owner, Gerhard, was very happy with the way things went. He was so happy with everything that he has asked us to come back on a monthly basis.

Now with our first show under our belts, we have expanded our movie day into a second location. The Studio, located in downtown Belleville is a great location to go for a coffee, a biscuit, or a place to relax. It's great to know that this new store has joined with P.A.C.E. to present these cannabis educational movies.

With the agreements to do these movies, P.A.C.E. has set up a schedule that lays out the movies in four different categories. These would be science, patient testimonials, the history of cannabis, and then the cost of \$prohibition\$. While we'll be showing the science-based movie for each session, we plan on changing the movies in each category as we go along.

P.A.C.E. provides these movies free of charge to the general public.



Night out at the Movies – The Studio

Gary, a P.A.C.E. participant, attended our first show of What If Cannabis Cured Cancer, and enjoyed it so much that he had to share it with others. Gary went full out to find a location so that P.A.C.E. could spread this fantastic science-based educational movie to others. When he was finished, he was able to introduce us to Patricia, the owner of a new business called The Studio. This cafe location is long and rectangular inside; basically it's shaped like a theater, which is a great set-up for showing movies.

Patricia worked hard to prepare for our movie as she baked goodies, and put together many sandwiches as well as desserts for those attending. She filled the cooler with water and pop as well as other refreshments, and had the coffee on for when people started to show up. When we arrived and had all of our equipment unloaded, Mike and I got things set up. Patricia was very good at allowing us to move furniture to where we needed it or to move it out of our way. She even had a screen set up and available for us to use. Near the back of the room, we grabbed a large table that we used to display P.A.C.E. brochures and several free back issues of ▷

Treating Yourself magazine. While we were busy setting up, Patricia and Stewart gathered up the chairs we would need and then set them up for us.

With only a week's notice and next to no promotion, we were still able to get just over a dozen people to join us. Some of them were people that were educated, while some were not. The event even allowed a person or two to approach P.A.C.E. about getting help with their medical marijuana license. For our first time doing this, at this location, we were happy with the turnout as well as the assistance that we could provide to those who needed it.

When the movie got started, the place quickly went quiet. I don't believe a person moved as all stayed focused on the screen before them. To be sitting there and actually seeing a researcher talk about what he discovered, versus what we are told by those in authority, is quite the contrast. While one tells you cannabis is a dangerous drug, the person who actually researched it is telling us the opposite.

When the movie ended, one person spoke up and said, "You've got me convinced." Hearing comments like this lets one know that this Len Richmond movie is a hit and very factual.

Run from the Cure @ The Grindhouse

After our very successful first show at The Grindhouse Café, we decided to go with a patient-based movie called Run from the Cure: The Rick Simpson Story.

The turnout for this movie was equal to our first weekend. We had some people return, but it was good to see new people attend as well. We gained a couple of people for the second showing on the day as one person came in part way through the noon hour show. He left after getting his coffee, but he wanted to see the whole movie so he came back with a friend to watch the second showing of it.

Some people do have concerns with the process of making cannabis oil and prefer not to use this method. While this movie does show people the process of extracting the resin, it does warn people about its dangers.

While the extracting process maybe a concern, seeing and hearing from patients who have benefited from this is only dangerous to those who prefer that anything that shows cannabis as being beneficial to humans is not learned.

Another thing about this movie is that not one person talks of "smoking" this product, and many of the patients are seen ingesting it while some rub it into the affected area. It's great to see the alternative methods of consumption being used.



The story also talks about the news that the situation generated for the small-town legion that promoted Rick's cure for cancer. Many television news clips are shown throughout the movie as well as the problems that legion went through.

When the movie ended, there was a round of applause for those who put the movie together and for the movie itself. Everyone present enjoyed the show and look forward to our next one.



MedCannAccess Appreciation Day

As the Christmas season approached, P.A.C.E. received a call from a member of MedCannAccess, a compassion center located on the west side of Toronto. The center was arranging to get some people together to celebrate the season as well as to show appreciation for their efforts.

MedCannAccess chose The Underground Comedy Club to hold this event because of its feeling of good vibes and because it allows medical users to consume their medication when required. Mike and I arrived early, so we found ourselves a place to park hoping that it was safe from the ticket bandits, and then headed out for a small bite to eat.

Once the doors were opened, we made our way inside to find some MedCannAccess organizers working away getting things set up. Over along one wall one could see that there were many different kinds of finger foods ready to be eaten. The fruit section was filled with



strawberries, melons, bananas, pineapple, and other kinds of fruits to fill your plate with before dipping them into some delicious tasting cannachocolate.

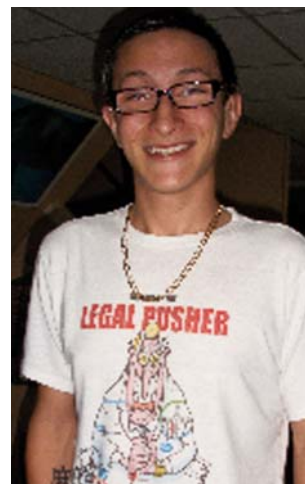
Above: Free brochures and back issues of TY
Below clockwise: The Underground Comedy stage
MedCannAccess Prize draw time
Storm

It wasn't long before the place filled and all the tables were full. Over in one corner a couple of friends joined in a game of pool while many others enjoyed the conversation around the tables. We also got in a visit with Paul, Justin, Theresa, and Mike, who helped out at the National Women's Show. While everyone was sitting around talking and enjoying themselves, the sound of reggae and other marijuana-related music could be heard through the cloud that was appearing.

Throughout the night, Mike and I sat with Georgia and her son Storm, as well as with our friends Patty and Scott. All of us shared in lots of conversation between us and with those who came by our table. During the Treating Yourself boat cruise, there was a bong station set up for people to gather around, and on this night it was no different. The person, who set them up then also set up one at this gathering. Bong stations like this allowed everyone in attendance to test out the Vapour Swing that TY featured on its front cover, and of course this swing was attached to a Treating Yourself custom Roor bong.

Before the night ended, Blaine held a door prize raffle. While our table went home empty handed, others went home with MedCannAccess clothing, Happy Hippy cartoon strips, a large percolator bong, and many other prizes.

See you all soon! 🍀

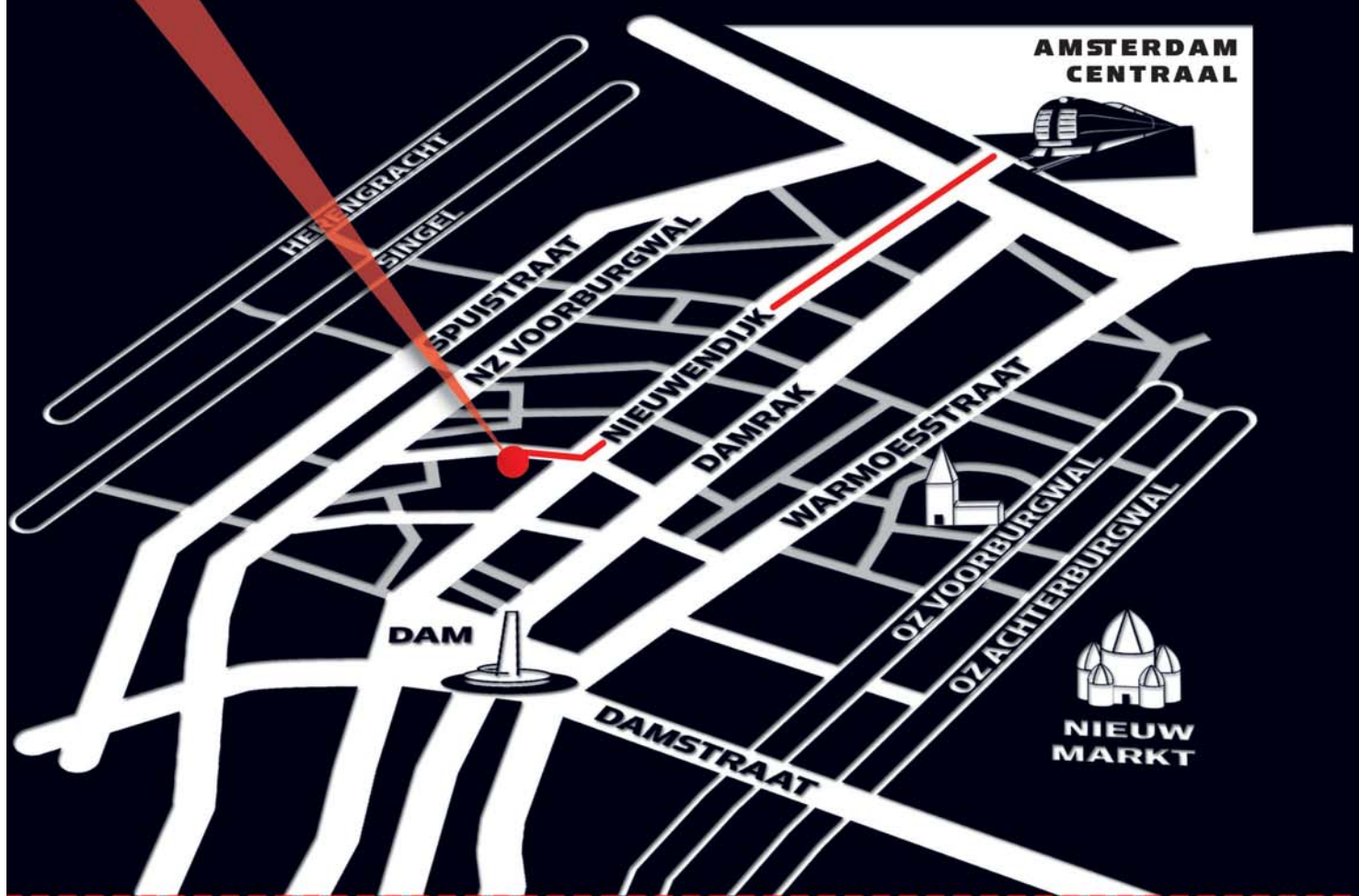


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THE NATIONAL WOMEN'S SHOW

Metro Toronto Convention Centre

Over the last five years, I have been assisting Marco and Treating Yourself with the public shows that the magazine participates in. Some of them in the past have been pretty packed, but as times get tougher and people's belts get tightened, some of the shows that we have attended have seen a drop in attendance. The National Women's Show put an end to that.

, which is held at the South Building of the Metro Toronto Convention Center in downtown Toronto, was all about the women in our world. It covered almost everything a woman could ever want. There were jewelry, makeup, spas, clothing, trips, and massage booths, and the list goes on and on.

When Mike and I arrived at the show, the first problem we ran into was finding a place to park. While there are plenty of parking spaces, the problem was that that most were full. Once we found a parking spot, we made our way into the convention center, and as we headed down the escalators to the hall, the two of us were shocked by the line of people waiting to get in. As far as we could see, the main area in front of the hall entrance was filled with ladies wanting to get into this show.

Once we made our way through the crowd, we were able to get inside to set up. Shortly afterward, we received a phone call from P.A.C.E. participant Jen, who unfortunately was being held up in traffic but was almost there. She was letting us know that she was eager to get there but was going to be delayed.

From attending other shows, I know that you can have



anyone selling anything beside you, but with this show we knew it would be lady related. We found our booth along the end aisle, which ended up being a great spot for us. Our booth was located on a corner with ladies jewelry, clothing, a calcium supplier, and a vendor selling therapeutic devices near us.

MedCannAccess, a compassion center located in the west end of Toronto, joined us once again to educate the uneducated. Paul, who has been doing this for some time, came along shortly after the show had started. Like us, Paul had spent some time trying to find a parking spot. He looked at us with a bit of a surprised look and asked us, "Where'd all these people come from?" Within very little time the aisle had become full. Throughout the weekend, other MedCannAccess participants joined us at the booth. This would include Justin, Mike, Theresa, and Andria, who was helping out at the booth for the first time.

The people that usually come by the booth are a mixture of older and middle-aged people, but what I found here was that younger people were coming to the booth with mom. As the weekend went along, this didn't change much. The only thing I could attribute this to was that the teenagers don't do home or wellness shows, but when it comes to shopping, they are in.

We had several professional people come by the booth. These would be nurses and other health-care professionals that were surprised but very happy to see us. Many of them were people that were aware of the medical benefits of cannabis, not from experience, but from being ▷



Crowd around TY booth



informed by their patients. These are people that are illegal in the eyes of the law but who are benefiting from this medical herb. It's sad that those in authority want to lock these people up for using a medicine that they benefit from.

While we get those who support us all the time, we do run into the occasional person who thinks otherwise. We had one lady who stopped by who told us that cannabis leads to harder drugs. I kindly asked the others in the booth if their cannabis use had led them to harder drugs. All of them said no, but they also agreed that prescription drugs do. The same thing could be said to the lady who came by and told us that cannabis leads to addiction. Letting them know that many people are hooked on prescription drugs such as OxyContin, Percocet, and other harmful, legal drugs either turns them away or they stay to get educated.

Having Jen join P.A.C.E. gives us a person who is educated in addictions and works with addicted people. The same thing can be said about Mike, who is involved with social services. Mike sometimes works with people in the same position as Jen as well as those who just need a hand to get up. Having these two onboard with P.A.C.E. and helping out at the Treating Yourself booth will only increase the professionalism we can provide at these shows.

While the show was packed with ladies, there was the odd male present. We were in the minority, but we were there. Some of the guys would come and talk to us while their wives or girlfriends did some shopping. Those who did thanked us for being present and one even said, "I love you guys" as he walked by. One guy spent a bit of time talking with us when all of a sudden his cell phone went off. It was a message telling him it was time to leave. As he left, he too passed along wishes of success for us and said that we need more people like us out there educating the uneducated.

Our booth location allowed us a good view of the stage and its big-screen TVs. All weekend long we were able to see what was happening there, unlike in other places we have been. It was great to be able to hear as well as see the music being played or to watch the speakers presented throughout the weekend. The biggest draws, I would say, were for the bathing suit fashion shows. The one speaker I didn't pay attention to was Margaret Trudeau. While she may have a story to tell, it upsets me that she blames cannabis for her troubles. This is something that I find is misleading when you look at the whole picture.

Whenever we had time to take a break, we'd make our way around the show. What we found was that some of the aisles were literally packed full — so full that there



Above: **Mike handing out the PACE brochure**

Opposite: **Mike and Theresa talking with curious people**

was no way you were going to go through them unless you wanted to stay for a while.

On the opening day, the organizers saw the large crowd waiting for the show to open and then saw the packed aisles that came with it. With this in mind, the organizers were expecting another large crowd on Saturday, so they sent letters around requesting that all the booths open 15 minutes sooner so they could open the show early.

On Saturday, the show closed at six, so Mike and I chose to get out and do some visiting while in the city. Jen wanted to, but she was having some minor health problems and chose to stay behind. We arranged to meet up with Paul as well as Naomi at The Underground Comedy Club. When we arrived, people were just beginning to get there for the show that began at nine. Paul, Mike, and I grabbed a table that we heard Naomi had reserved. This was Mike's first visit to this place, and as he looked around he could see that there was a low stage that contained a couch, end tables, and a couple of lamps. Behind these items you could see a large cannabis leaf painted on the wall. Throughout the place there were clocks that were all reading the same time: 4:20. The club had several tables set up as well as a couple of couches along the walls. While most underground clubs may have alcohol, you won't find any here. In here you will only find medical marijuana patients out for a night of comedy while still being allowed to consume their medications.



The comedians did a great job keeping everyone in laughter. The main two comedians performing this night were Sandra and the unnamed comic. While I've been to this club before, I've never seen these two perform. Unfortunately Mike and I had a bit of a drive back across the city and an early morning to deal with, so we headed out just as a performer was going on stage. Both Mike and I agreed that we had had a great time and plan on returning in the future.

After the show was over, I asked both Mike and Jen to write me about their favorite memory or time during the women's show. Mike's reply: "Meeting and talking with all the people as well as having the in-depth conversa-

tion about medical marijuana with a lady from the Centre for Addiction & Mental Health." Jen wrote, "There is no greater feeling than helping others. Leaving this show, I was elated as I knew we were able to reach people and in turn give many people who are suffering hope and the chance to regain quality of life."

Next stop: the Direct Energy Building in Toronto, as we attend The National Home Show.

Until then, Treating Yourself is keeping People Advocating Cannabis Education. 🍃

Cartoon





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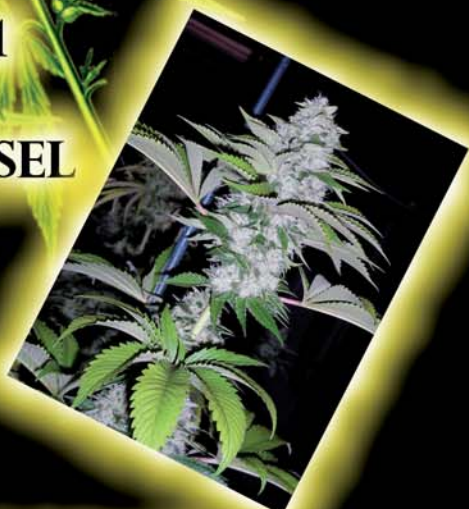


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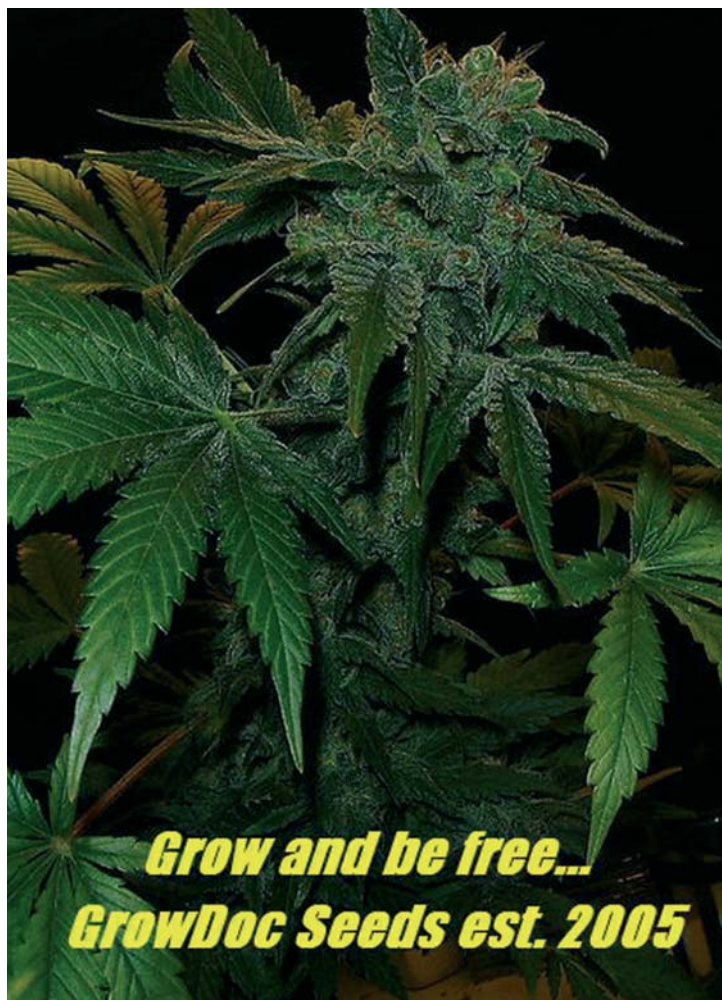


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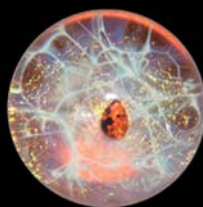
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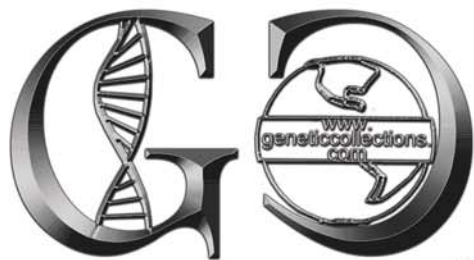
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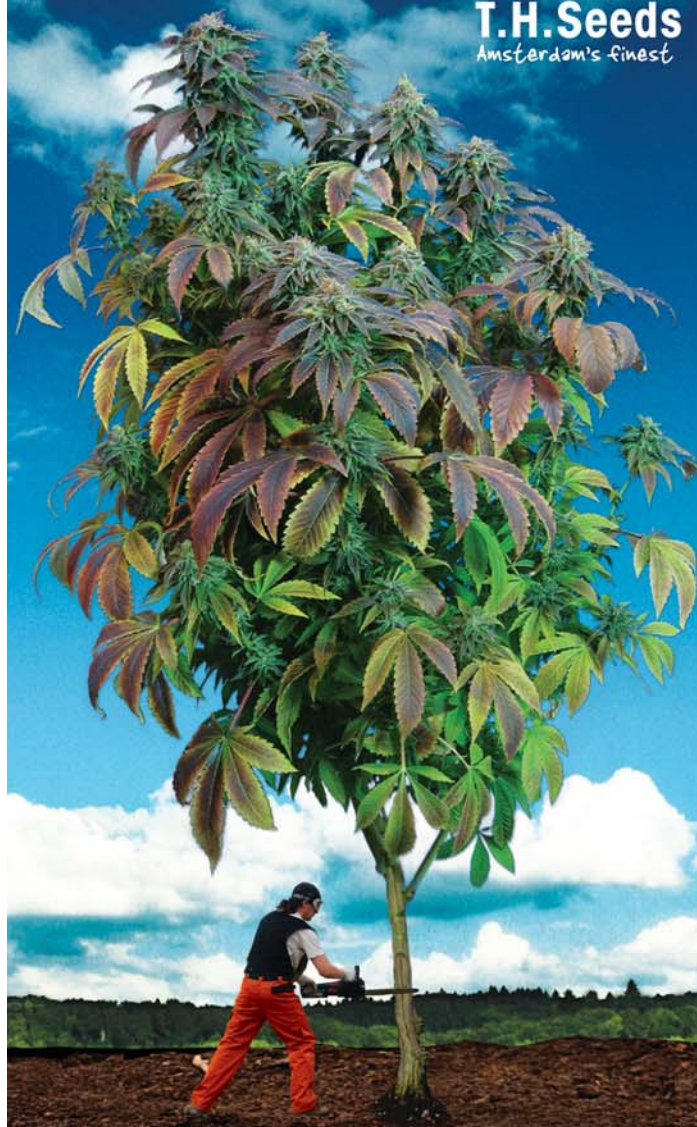
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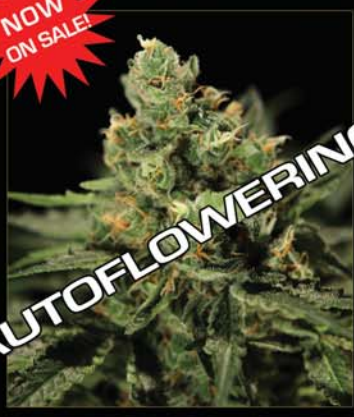
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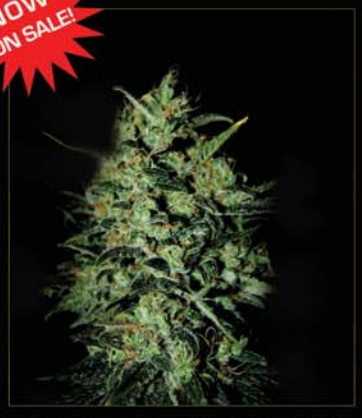
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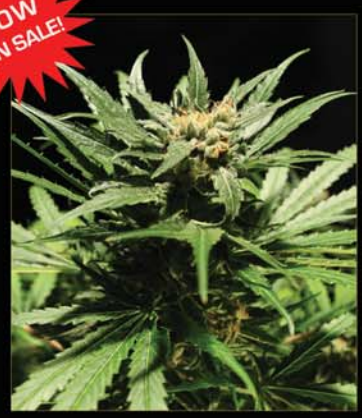
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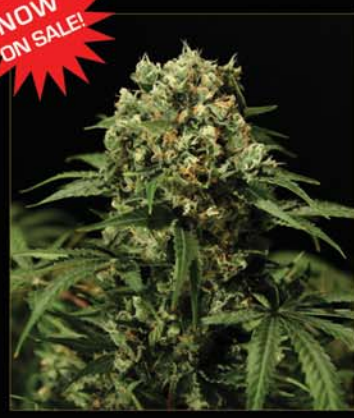
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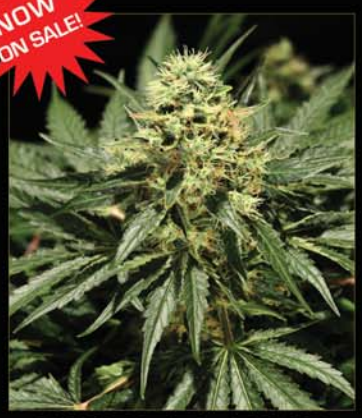
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