

Dr. Marijuana, Inc., is IN

By *Jesse Oehler*

It is a laid-back California coastal town like so many others. A slight ocean breeze of optimal temperature soothes the bronzed, sun-soaked skin of easygoing locals who play beneath 300-plus annual days of sunshine. As California's great coastal route eases into one of the city's main thoroughfares, the diverse signs of the California lifestyle become apparent.

Businesses buzz with activity: a pet shop, a local eatery, a hardware store and a discount clothes outlet. Day laborers linger outside the local lumberyard, hoping today will bring work for cash. Young surfers, surfboards saddled

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aside classic beach cruisers, head eagerly west toward that elusive perfect wave. A homeless man, a drifter and a drug addict occupy their respective corners, confident in the charitable natures of passersby and daily commuters.

Upon arrival in this vibrant community, it is easy to miss a small white house with green trim just off the freeway. It is an unimposing structure, invisible to many who pass by every day. But for a steadily increasing number of patrons, and for the culture of California—ever a national trendsetter—this little business office reflects one of the most fundamental changes in law and attitude in decades. For a year I was office manager of this California medical marijuana clinic.

In 1996 the state of California passed Proposition 215, otherwise known as the Compassionate Use Act of 1996. It used simple, straightforward text, to “ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where that medical use ... has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS ... and other illnesses for which marijuana provides relief.”

The ambiguous law permits a physician to provide “oral or written approval or recommendations” for the use of medical marijuana; the physician would not be punished for doing so, so long as no other laws were violated.

At first federal agents routinely busted up medical marijuana operations, claiming that California was in direct violation of federal law, despite the 10th Amendment, which provides that powers not granted to the federal government

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or prohibited to the states by the Constitution are reserved, respectively, to the states or to the people.

Citizens had a range of emotions, ranging from outrage to relief; most were confused as to the exact definitions and limitations of the use, obtainment and prescription of marijuana. The Compassionate Use Act, Senate Bill 420, was passed into law in California in 2003 to address these problems. Its overall effect was to clarify and to better define the parameters of Proposition 215. The bill authorized a voluntary state ID card program and a uniform procedure for issuing medical marijuana recommendations.

The office where I worked was owned by a businessman and a doctor, neither of whom I met during my entire stint as an employee there. All business between my employers and me was conducted via phone and email. In this way I was hired, paid and instructed in my work. The doctor hired a physician's assistant to perform evaluations of patients and to justify or deny the marijuana recommendation.

I was provided a stamp to reproduce the doctor's signature at the bottom of the recommendation letter, before we sent clients off to a marijuana dispensary we worked with closely. When questions were later raised regarding use of a stamp, a local doctor was hired to come once a week and pre-sign 100 or so blank letter templates. The next week the same doctor reviewed the recommendation letters that had been produced and signed the next 100 templates. After her review, all patient documents were scanned and uploaded to the computer, and the hard copies were destroyed. I deposited income in a bank account.

The owners were opening new offices at a fast rate. In the time that I worked for them they opened two more nearby offices. It was rumored that they would be moving on to Colorado shortly, following the legalization there. The fee for our service was \$100, but was not charged if the client did not receive a recommendation letter.

During my year I only saw two patients denied recommendation. One had made the mistake of saying he suffered from bipolar disorder, and the other said that she was schizophrenic. In neither case is marijuana advised. (But clients were often alerted by literature online, or word of mouth, not to divulge this sort of information during their evaluation.)

I was paid a \$1-per-patient bonus on top of my normal generous rate of pay. I would often make \$20 in bonuses during the business day from noon to 6 p.m. Monday–Saturday. Similarly, the physician's assistant was paid a \$15 bonus for each successful recommendation.

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My routine at work was simple. I had a laptop, a printer and a scanner. I would open the office and let patients in (there would almost always be a line outside the door to start the day). The waiting area was one large room with the physician's assistant's office off to one side.

I would take a copy of the patient's California ID, the first and most basic requirement for consideration for medical marijuana "prescriptions." I would present the patient with a generic form for information such as name, phone number, medications taken, and what the patient's complaint was. Much information, such as address and email, was not filled out, nor did we require it.

The patient was then ushered in to the physician's assistant's office for evaluation while I would prepare the recommendation letter. This was an official-looking document that had a physician's statement describing benefits possibly attributable to marijuana, and recommending its use in this client/patient. The ID was scanned and copied to the form. At the bottom were a line for the doctor's signature and a line for the patient to sign. Lastly, a pressure-embossed seal was placed at the bottom of the letter, which would be ready for the patient's signature about 10 minutes into their evaluation.

There was an expectation that all patients would be given a recommendation. In the rare case that a patient was denied, their physician's review sheet would be filed away as incomplete, and their letter would be shredded. Whenever there was a denial, a call would invariably come from the boss in Southern California with an inquiry as to why this patient had not been given a letter.

After the patient exited the practitioner's office, I would take their \$100 and give them their letter with directions to the nearest marijuana dispensary. I would then log on to an official online medical marijuana patient database, and enter in the information of each patient who had been issued a recommendation. Each patient had an identification number, and each letter displayed a phone number and a website by which one could confirm the legitimacy of the recommendation letter. Marijuana dispensaries throughout California could confirm the client identity or the validity and term of the "prescription" via the website, or by calling our office. We provided one-year recommendations, with half off for patients who renewed at our office.

Police officers could also call or go online to verify the certificate, or could call our office. The complete database was only accessible to our doctors, the owners and me. It was not made public, and could not be seen by government agencies or police.

Our patient base was very broad, and to say the least, the terms "seriously ill" and "chronic pain," qualifying conditions outlined in the medical marijuana

legislations, were very broadly interpreted. Patients came from all walks of life, and with all kinds of conditions. Government workers, drifters, parolees, gang members, drug dealers and grandmothers would all come for our service. There were men and women of every race, age and condition. Parents came in with 16-year-old children where both parent and child received recommendation letters—the parents would sign for the children. If a patient had an ID or suitable proof of California residency, they were most of the way to legalized marijuana.

In my experience the most common patron was a 20-something with “back pain” or “headaches.” We required very little evidence of a patient’s condition, and sometimes none at all. A bottle of prescription pills, an X-ray report, or a handwritten note from a doctor sufficed.

I have mixed feelings about my involvement in the medical marijuana industry. At times I felt very good about helping patients who were clearly sick or in pain. These sometimes were people with AIDS, cancer, or multiple sclerosis. These patients would have tears in their eyes that peered at us from behind stacks of medical records, as they expressed their gratitude that we could provide this service to them, thankful for medicine allowing them to sleep, to stomach food, and to be able to focus on something other than their pain or other disease symptoms.

I felt dirty when a pack of 21-year-olds came in, 10 strong, having just made a two-hour road trip from another city, all with “headaches,” “knee pain,” “insomnia,” and “intense back pain.” As they emerged triumphantly from the evaluation and waited for their friends, some would make calls, joyfully informing them that “Yes! It really works; can you make it down here?”

What I have written here is not an exposé; it is simply an attempt to describe a small part of the process where marijuana, like alcohol and tobacco, becomes an industry. Don’t imagine this was a poorly run business. We always followed the letter of the law exactly, because the California medical marijuana industry is operated for profit, where foolish management leads to business failure.

I have no strong opinions about how our business was conducted, because it was all done within the confines of the law. I felt saddened when I saw people abuse the law, but I have no illusions; this happens whenever laws are made. It seems to me that if marijuana were legalized, competition would lower prices, tax revenue would increase, and perhaps crime and abuse of the law would diminish. But that will be decided by the people of California, as it should be.