

Chairman Hawkins and Committee Members,

As a concerned Kansas, native I wish to highlight a couple key points about House Bill 2152, as many across the country including me are not in support of legislations such as this. First and foremost, HB2152 is inherently prohibitive and objectively inaccurate given the language used throughout. This is due to the fact that any bill not distinguishing the scientific differentiation between higher leveled delta-9-tetrahydrocannabinol (THC), medically-proven cannabis strains from strictly industrial hemp are constructed solely to benefit a select group of interests. Please allow me to elaborate on the background and implications of this point:

According to “Medical Cannabis: The Definitive Guide” by endocannabinoid researcher and educator, David Dawson, in 1906 the Pure Food and Drug Act required labeling of all medicine including cannabis. Later in the 1930s American pharmaceutical firms sold cannabis extracts as medicine. In fact, the same year the 1937 Marijuana Tax Act was introduced the American Medical Association publicly came out in support of cannabis prescriptions. This was not a coincidence and at the exact same time our country was experiencing high levels of discrimination, demonizing a social practice of immigrants was an easy goal to accomplish for the yellow journalism of William Randolph Hearst, a newspaper conglomerate in the wood paper industry. With intimate, stakeholder connections to Hearst Harry Anslinger of the Federal Bureau of Narcotics and E. I. DuPont De Nemours And Company ultimately drove the prohibition movement behind the still active Drug Enforcement Agency, Controlled Substance Act and restrictive decisions from multiple U.S. presidents including Richard Nixon and Ronald Reagan. For decades, these policies have not only been out of step with our Latin American neighbors, causing tragic devastation to public health and mass incarceration, but with a refusal of reducing harm from official stances American pharmaceutical companies continue to see exponential profits at the expense of lives. We have the opportunity here and now to change this trajectory, as many states have done.

Let me be clear in saying that tens of thousands of scientific studies have been documented about the medical efficacy and safety of cannabis – including THC – and the most of the important ones have been replicated. Replication is absolutely essential to science and especially when dealing with treatment methods. Many pharmaceutical medications are approved by the U.S. Food and Drug Administration after just a single trial or no trial at all. In reality, the FDA never conducts its own testing, but allows the drug companies submitting the product to present their own (often fabricated) results. This information is not secret, it is well-known in the medical industry and more people are becoming aware of the guise policy has been led by for generations. While it is true pharmaceuticals and extensive research is badly needed for many different circumstances, the continuous denial and restrictive act of demonizing one molecule in a natural plant such as THC, when side effects of synthetic drugs are now so harmful, simply goes against the Hippocratic Oath and medical providers know this in their hearts. As previously mentioned, numerous studies prove the necessity of this cannabinoid working in conjunction with other compounds in order to effectively treat conditions through the endocannabinoid system.

In conclusion, I ask two things: #1 that critical deliberation and due diligence be given to HB2152 plus the true intent behind this legislation, and #2 in its place please consider substituting a thoroughly researched and comprehensive, sustainably-driven bill vetted by the Foundation of Cannabis Unified Standards and Kansas Health Institute - House Bill 2348 (SB187) submitted by the board of directors of Bleeding Kansas Advocates. Thank you for your time and dedication to the citizens of this great state.

Respectfully,  
Kelly Rippel

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