



Judge William J. Haynes, Jr.  
U.S. District Judge  
649 U.S. Courthouse  
Nashville, TN 37203

Re: Bernard H. Ellis, Jr., M.A., M.P.H.

Judge William J. Haynes, Jr.:

Your Honor, I have known Bernie Ellis as a respected researcher and colleague in the field of drug abuse research, as a truly decent man dedicated to improving the lives of those around him in any way he could who became my personal friend, and as a humanitarian, who supplied me with marijuana in the 1990s, before new medications (the protease inhibitors) brought a halt to my wasting and discomfort in my tenth year of AIDS. Now I am approaching my twentieth year of living with AIDS, and have little doubt that Bernie's assistance helped me reach this longevity, not only due to the demonstrable anti-nausea, anti-headache, and appetite enhancing properties of the drug, but also to relief from deep depression with frequent thoughts of suicide during that physically and mentally debilitating period of my life.

I would like to establish my credentials in all three aspects of my personal knowledge of Bernie, and ask that you take my testimony, via this letter, into account in determining the judicially appropriate penalty for such a man in breaking the current, although controversial, laws of the land—or perhaps lands is the better word, since the Western Region, Arizona and California in particular, through voter initiatives and recent court decisions have produced a much more rational climate in judging such issues. In this regard, you are no doubt aware of the medical marijuana laws of both those states, and of the case of Ed Rosenthal, who was convicted in federal court in June, 2003, of growing and distributing marijuana because evidence that he was doing so to provide local San Francisco Bay Area medical cannabis clubs was excluded. After rendering their decision in court, jurors became aware of this context and eight of the twelve approached the federal judge indicating had they been made aware of his intent, they would have voted for acquittal. That federal judge ensured that Rosenthal did not spend another day incarcerated. Then, in October, the U.S. Supreme Court ruled that doctors in California and other Western states do not risk

investigation or punishment if they choose to recommend the use of marijuana by their patients. Most recently, in December, the U.S. Ninth Circuit Court of Appeals ruled that the federal government cannot prosecute patients who used medical marijuana as long as they cultivate their own cannabis or obtain it for free. I believe that if Bernie's case was within the Ninth Circuit's jurisdiction, federal prosecutors would have a much more difficult time in seeking penalties that included prison time or the forfeiture of his farm. Hence, with controversy about the appropriateness of many of the laws affecting marijuana reaching to the highest levels in the judiciary, it seems inhumane to actually create suffering for an individual whose main goal was providing for the physical and mental relief of the chronically ill, myself included.

Ironically, my career has been developed and devoted to understanding all aspects of substance abuse: growth and distribution economics, epidemiology, etiology, prevention, treatment, and social policy. This career emerged from my graduate work at the UCLA Department of Psychology in the early 1970s under my dissertation chair, William H. McGlothlin, Ph.D. Bill had done some of the early LSD and other psychedelic research for the military while at RAND, as well as being among the first, along with Tom Ungerleider, M.D, of UCLA to study aspects of marijuana use. One of the greatest intellectual lessons Bill taught included separating fiction from fact, preconceptions from logic, and historical accident from rational intent. In the development of drug policy in the United States, the former member of each pair has typically had predominance. When he died in 1980, I became Director of the UCLA Drug Abuse Research Center, assuming, among other duties, responsibility for international liaison. The additional contacts with policymakers, researchers, public health officials, and other professionals from many nations further established the worth of Bill's efforts in my intellectual growth as I came to see how the social context of each nation affected how often fact, logic, and rational discourse was apparent more often in the drug policy of other nations than in our own.

In 1998, after nearly twenty years of increasing national prominence and growth, the UCLA Drug Abuse Research Center incorporated the research groups of Dr. Richard Rawson, Ph.D., and Dr. Walter Ling, M.D., and was renamed UCLA Integrated Substance Abuse Programs, of which I am Associate Director. A web search under my name, or using the keywords UCLA DARC or UCLA ISAP will demonstrate the history, diversity, and contribution to the field of myself and of the colleagues I have recruited and trained. Briefly, I have been the recipient of numerous grants from the National Institute on Drug Abuse, the Center for Substance Abuse Treatment, the National Institute of Justice, and several foundations. In addition, I have served in many advisory capacities to these agencies, as well as to the Office of the President on National Drug Control Policy (under the Reagan, Bush, Clinton, and Bush administrations), the National Academy of Sciences, the General Accounting Office of the U.S. Congress, the federal Bureau of Justice Assistance, and the drug courts and corrections systems of several states.

It was in this last capacity that I met Bernie Ellis in the late 1980s. He was working for the Department of Health for New Mexico, and I was a consultant for the Bureau of Justice Assistance on a project to increase drug abuse treatment for incarcerated and paroled offenders within state departments of correction; New Mexico was one of the participating

states. I came to know Bernie in the course of many consultation trips where we both focused on increasing our understanding of the context of drug use in the state and in assisting in the program design to treat serious problems of New Mexico's drug abusing offenders. Bernie and I were kindred spirits in our regard to a professional mission to bring science to the intractable problems of drug use and human behavior and to ameliorate the human and social consequences of use, including those sometimes caused by overly zealous, poorly informed, and attitudinally biased policy makers than by use itself. It was during this period that Bernie and I moved from being friendly colleagues to being colleagues and friends. I became aware of his sincere distress at the individual and family problems caused by substance abuse, and his efforts beyond just the science to actually develop and implement intervention programs, taking a personal interest in the clients served. The number of volunteer hours Bernie devoted to such efforts was amazing; all done with enthusiasm, intelligence, good will, and an ever-present optimism that people's lives were better for his efforts. I also learned about his attachment to the land with his berry farm in Tennessee. At that time I was not yet public with my HIV status, fearing that it might affect funding for multiple year research projects when there was a conceivable risk that the principal investigator might not live to complete it. Although this now seems overly dramatic on my part, after all I had talented subordinates who could complete any project as well as I, the reviewing and funding process is such that I did not want to take any risk in potentially having to lay off senior research staff due to an unfounded grant, thus losing their talents to the field.

During the subsequent years, Bernie and I worked on State Treatment Needs Assessment Projects for CSAT and various states, activities directed toward obtaining better epidemiological data and using it for the design and implementation of improved prevention and treatment policies and programs. A critical juncture in our relationship occurred sometime in June 1995 or 1996, when the annual meeting of the College on Problems of Drug Dependence was held in Nashville. Over the course of this multiple-day meeting, Bernie took me to tour his berry farm, and, to my surprise and appreciation, also showed me his very small plot of marijuana plants. He told me that he supplied individuals with AIDS and other illnesses the drug at no cost, retaining some for personal use for his own medical problems. Such actions were consistent with the man I had come to know Bernie to be. In reciprocation for his trust, I disclosed my own HIV/AIDS status and its progression due my development of medication resistance. He made the generous offer to provide me with marijuana at any future time that my condition warranted. As it happened, this trip was one of the last my deteriorating health would permit. About two or so years later, when dealing with weight loss, malaise, and depression, Bernie reiterated the offer and I accepted. As I noted earlier, this was a particularly bleak period for me, and I doubt I could have sustained myself till the next medical breakthrough without his contribution of caring and cannabis.

In my opinion as an university based research professional and as a long-term AIDS patient, an opinion similar those expressed by the California Society of Addiction Medicine and California voters, marijuana is frequently justified for medical reasons—especially for illness with few effective alternatives. The majority of serious medications, particularly for pain, can be less palliative, more addictive, lead to more serious side effects, and are certainly more expensive. It's medically, socially, and ethically improper to not provide

legal access to cannabis in its various forms for those with qualifying disease conditions. Failure by the larger society to do so drives many decent, law abiding but long suffering citizens into somewhat arbitrarily defined criminal behavior as either an act of desperation (on the part of the user) or of well-intended civil disobedience (on the part of the supplier). If California had not had its medical marijuana law, I too could have found myself in similar circumstances to Bernie, with a raid on my home, potential forfeiture of my property, and facing adjudication and possibly prison.

I write to urge you to consider the professional background and accomplishments of Bernie Ellis, his social and humanitarian contributions, and his capacity for better serving society under some form of local community service utilizing his talents as he has done in New Mexico, Wyoming, Alabama, and Tennessee, as opposed to any form of incarceration. His areas of expertise are in substance abuse and related mental health and employment issues, particularly in disadvantaged communities. Bernie would continue performing such social services in any case, that is the type of social commitment he has, but he could not do so if incarcerated, and the world would be diminished thereby. At base, Bernie Ellis is a truly decent man of great generosity, a high moral code, and an open and caring heart. He has been, and would continue to be, a major contributor to improving science and practice related to substance abuse problems. He has a remarkable history of professional and social service and has provided countless hours of help to less fortunate people at no personal gain, as was the case in his cultivation and provision of marijuana to those in need.

My health still restricts my ability to travel beyond limited distances; otherwise I would offer my testimony to the Court in person. I am happy to do so by telephone or videotape if the Court wishes. For further information that would serve the Court's interests, I can be reached by phone at 310-617-9922, or via email at [danglin@ucla.edu](mailto:danglin@ucla.edu).

Sincerely,

M. Douglas Anglin, Ph.D.  
Professor-in-Residence  
Associate Director