

THE BROOKINGS INSTITUTION

THE LIFE SHE DESERVES: MEDICAL MARIJUANA IN THE U.S.  
D.C. PREMIERE OF BROOKINGS' NEW DOCUMENTARY-SHORT

Washington, D.C.

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**Welcome:**

JOHN ALLEN  
President  
The Brookings Institution

**Discussion:**

TED JOHNSON, Moderator  
Senior Editor  
*Variety*

GEORGE BURROUGHS  
Film Director  
The Brookings Institution

ELIZABETH COLLINS  
Mother and Advocate

JENNIFER COLLINS  
Epilepsy and Medical Marijuana Patient

JOHN HUDAK  
Senior Fellow, Governance Studies  
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**Closing:**

DAVID NASSAR  
Vice President, Communications  
The Brookings Institution

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## P R O C E E D I N G S

GENERAL ALLEN: Ladies and gentlemen, good evening. I'm John Allen. I'm the president of Brookings and I want to welcome you all here this evening. We're very grateful and glad you're able to join us this evening for a very important night.

I'm proud to share with you tonight Brookings' first documentary short film, which is a result of more than two years of work between Governance Studies here at Brookings and Senior Fellow John Hudak and our tremendous creative communications team, including George Burroughs, Ian McAllister, Mark Hoelscher, and Chris Peters. And we're also really honored to have partnered with *Variety* on this project. And tonight representing *Variety* here is Ted Johnson, who will be moderating the panel, which will follow the film that you're about to see.

This film, "The Life She Deserves," focuses on the complex and oftentimes dysfunctional -- emphasis on dysfunctional -- relationship between federal and state laws governing medical marijuana in the United States and one family's heroic struggle, heroic attempt to navigate the system to help control their daughter's debilitating epilepsy.

This also marks the first time that Brookings has used the documentary film format to tell a story, and it's not going to be the last time. And I think that the result is a powerful example of how film can communicate and humanize policy issues in ways that no other media can.

Now, when I first heard that we were working on a documentary about medical cannabis, after 38 years in the Marine Corps I have to tell you I was admittedly a bit skeptical. Brookings has examined medical marijuana policy through in-depth research, events, and even Brookings Press books authored by our own John Hudak. So what more could be done than that had been done to help to make the case here? And a film was the solution.

But a few months ago, John showed me the film. And its value was

immediately self-evident to me as was the power of the story being told. And I have to tell you, I'm a convert now.

It can be easy to overlook words on a page or data points on a chart, but when you see the human lives behind those statistics, you hear their stories and you can see their pain, you can't help but put yourself in their shoes.

Tonight we're really fortunate to have with us Jennifer Collins and her family present in the front row, mother Beth, father Patrick, grandmother Elizabeth, and Sal Arrigo. It's great to have them with us because they're featured in this film and we will see what they had to go through in order to break through this crisis and to help communicate a policy issue in a way that no research report ever could, through their own words and through their shared life experience.

And beyond being extremely proud of the work of this film, I think this documentary highlights the incredible opportunity for public policy institutions, like Brookings, to use film to communicate our work in new and effective ways. Storytelling is a compelling method for engaging meaningful policy conversations and we desperately need them these days. Narrative film provides an opportunity for us to wade into new waters and, hopefully, drive critical policy change in this country at a difficult moment.

So I hope you enjoy this film. And I want to welcome those who are coming into the film this evening over the webcast. You're most welcome. And I hope as this film has done for me, it will make a lasting impact on you, as well.

Again, welcome to Brookings this evening. Enjoy the film. We'll have a panel afterwards. Again, Ted Johnson will moderate the panel. And we'll have a reception thereafter. Thank you very much for coming. (Applause)

(Film shown; applause)

MR. JOHNSON: Hello, everyone, and thank you for coming this evening. I am Ted Johnson from Variety. I'm very excited to be moderating this great event. Thank you all for watching.

A few housekeeping things to start. Please tag BrookingsInst and use the hashtag #TheLifeSheDeserves to engage in our online discussion for all the online viewers. It's @brookingsI-N-S-T.

Tonight we're going to be discussing the power of film to effect public policy along with a deeper look into state and federal marijuana policy and what obstacles lie ahead. Before we jump to the panel I would also like to thank Brookings for choosing to partner with Variety to amplify this very powerful story. Variety has partnered with Brookings for this event and we hope it's the first of many to come as we enhance our coverage of the power of entertainment to actually have an impact on public policy.

One other thing, as you entered tonight there were copies of the April issue that had several stories of cannabis in the film industry. Those are going to be right as you exit, so if you want to pick up any of the copies of Variety right there.

And also, if you would like to host any screenings of what you just saw, please contact one of the Brookings representatives at the reception afterward.

I'll take a seat. For tonight's discussion I am happy to share the stage with John Hudak. John, thank you for being here. And next to John is Jen Collins. Jen, thank you for being here. And Elizabeth Collins is next to Jen. You go by Beth? Okay. And George Burroughs, who really spearheaded this project, is sitting next to Beth. So thank you all for being here.

One last note. Unfortunately, Rabbi Jeffrey Kahn could not be here because he had a death in the family that took him out of town, so we wish him the best right now.

I want to start with you, George. A very simple question. You've studied this issue for a long time. How did you get connected with Beth and Jen and then decide this would make for a very powerful story to tell on the screen?

MR. BURROUGHS: I didn't really know anything about the issue until I met John, and John had been working on it for a while here. And we were trying to figure

out what would be a good way to get started on how to convey his work, his analysis to others. And I met Jen and Beth through John. I met the whole Collins family through John.

And we decided to do it this way because, as John Allen said before, we really want people that are skeptical of medical marijuana, not familiar with medical marijuana to watch this and be a little bit more familiar, so there's a common ground to start to have a discussion and move forward. Because if you still think it's a gateway drug or you just think it's a hippie thing, you're not going to read John's analysis. So it was very important to do that.

And John had been working in this space for a while and he had met Beth, who, as you can see, was very active in getting Virginia to pass CBD oils, legalizing them. So that's who it came to be.

MR. JOHNSON: John, so you met Beth originally. And how did you connect with her? Well, we'll ask Beth in a minute. How did you talk about, you know, hey, your story is a very powerful story. Your family's story is a very powerful story. But I think it would be much better if it's on film as opposed to maybe in a whitepaper?

MR. HUDAK: One of the benefits of working in any policy space, but this one in particular is that you get invited to go to a lot of conferences. And, man, does cannabis policy have a lot of conferences. (Laughter) And you meet a lot of really interesting people, as you might expect. But you also meet a lot of amazing people, as well.

And I met Beth at the Americans for Safe Access Conference several years ago. And I actually heard her tell her story and her family's story before I got to meet her. And it was -- I had heard a lot of stories. I had heard a lot of people who had been helped by cannabis. I have people in my family who medical cannabis has benefited. But this story was unique in how compelling it was. And it's not to say that other medical cannabis advocates or other patients out there don't have compelling

stories; they certainly do. But, you know, they say practice makes perfect. And Beth and her family had been trying to make change happen for so long that she told this story so many times that she got really good at it, frankly. And it also opened my eyes. It made me look a little more deeply and more thoroughly at the issue of medical cannabis.

And I think Jen is an ideal candidate to talk about this issue because she breaks the stereotypes about cannabis. It is not a hippie. It's not a stoner passed out on a couch. It's not someone who you see in the movies. And frankly, she's not someone who you see other in documentaries by news organizations and other organizations that I think actually sets the movement back.

She is someone who most people can relate to as a sister, as a daughter, as a granddaughter. And because of that I thought this is a story that's going to help me tell about my boring research in a much more palatable, much more effective way.

And so I got to know the family. I got to work with the family and got to work with our creative team to put this together.

MR. JOHNSON: Beth, did you have any reluctance? I mean, you had already been public with your story. And Jen, you had already been public with your story. But it strikes me it's a much different thing to tell it on film, something that's going to be shared online perhaps with millions of viewers.

MS. E. COLLINS: Yeah, we were concerned at first, but by the time John approached us about the film we had been pretty public just from our advocacy in Virginia. And I just felt that coming out from an organization like Brookings Institution gave it so much credibility that it might not have otherwise, that it was a perfect place to tell the story. And we had changed minds with our story in Virginia and I thought maybe we can get a Brookings film watched by these folks in our legislature that won't watch anything else. So we were happy to do it, actually.

MR. JOHNSON: And Jen, you talk in the movie about some of your

concerns. You mentioned arrests, but also just applying for a new job. Did you have any reluctance just given now your story will be on screen?

MS. J. COLLINS: Well, like John said, I've told my story so many times it's not really about me so much. It's just -- I mean, the story is so similar to so many different people. I mean, I feel like I need to share it for the others that can't.

MR. JOHNSON: George, also, you were telling me right before this event that this actually began two and a half years ago, the project. Is that when you actually started filming?

MR. BURROUGHS: Yeah, we originally -- Jen, I think you were 15 then. And so we made a conscious decision that we weren't going to put her on camera, so we did a much shorter video around one of John's essays where we just interviewed Pat and Beth.

And when we left there I said to John, John, this can be much longer. This can be something bigger. And as time went on, the opportunity presented itself to revisit and come back to it and continue work.

And I didn't and the creative team we didn't want to press her -- Jen -- to go on camera. And we got lucky that she wanted to and was willing to share her story. And I don't think that if we had done, say, this full 22 minutes 2 years ago we would have had Jen completely weaned off of the anti-epileptic drugs and we wouldn't have had her medicating solely with medical cannabis.

So it's one of those reminders where even if it's a feature-length documentary or a short, it takes time for people to get to a place for you to actually tell what's happening in their lives and the struggles and hurdles they're facing. I think also if we'd tried to interview you when you were 15, I don't think you would have had the same concerns about college that you do now. And I think that's something to convey and it was really important and worth waiting for.

MR. JOHNSON: Yeah, and Jen, just keying off that point, if you could

share, I mean, just bring people up to date since the movie. You're about to graduate from high school and you do have concerns about college right now.

MS. J. COLLINS: Yeah. Well, there was a college I was looking at in Colorado, Naropa. And even though it's in Colorado and that's a legal state, I still can't have it on campus. And for all freshman, I mean, you have to have -- for the first year you have to be on campus. So it's definitely a huge hurdle to get past.

MR. JOHNSON: Beth, what are some of the stigmas? I mean, it took about two and a half years to make this movie, but have the stigmas changed as we see more of the states approve the use of medical marijuana and recreational use of marijuana?

MS. E. COLLINS: I think the stigma has definitely changed. You know, we now have, John knows the numbers more than I do, but 96 percent is the latest polls, I think, of Americans fully support medical cannabis. So the only stigma I see is in our Congress and in some of the state legislatures. I mean, they're just not in touch with the people and with the uses and they don't want to hear it, and it's really crazy that other 4 percent must reside in our state and federal legislature because it's not with the general population. (Laughter) It's not.

MR. JOHNSON: I mean, more recently, I mean, on that note, we've had figures like Chuck Schumer come out in favor. We've had John Boehner come out in favor, join a cannabis legalization organization. John, does it seem like the momentum is there for federal action or are we still in this kind of state of limbo?

MR. HUDAK: Support for cannabis policy reform is highly addictive right now in the United States Congress. (Laughter) People are running to it. And, yeah, you see people on both sides, right? It's not just Chuck Schumer, although that's a very prominent name to support this. But you have people like Rand Paul and Cory Booker, who don't agree on anything, agreeing on this issue and that's quite significant.

Are the ingredients there for change right now? It's probably not there



yet. Like Beth said, an enormous number of people support medical cannabis reform. There are not many issues in our society that have levels of support at that level. But the pressure is not there for members of Congress, not for lack of trying, but a lot of members of Congress are older, white men. Older, white men tend to be the least supportive in our society of this reform. They worry, as they look back at their own careers, and say, listen, if I had a "liberal" view on drugs earlier in my career, I would have been sent home. That lingers. That never goes away for some members. And so that has impeded reform.

But in our Congress there are individuals and there are positions that can block reform. And it just so happens that some of those positions are held by that 4 percent that Beth was talking about.

So let's take Pete Sessions from Texas, the chairman of the House Rules Committee. He has said that the House won't vote on this issue because he will not let it come out of committee with a rule. He is a gatekeeper who can stop legislation. And so if you're angry that your representative hasn't pushed harder to reform laws in this area, you should CC Pete Sessions on that letter you write to your congressman because he's standing in the way.

The Speaker of the House is standing in the way. The Senate Majority Leader is standing in the way. A lot of people are standing in the way. And that has made it so no matter what level of support there is for this reform, no matter how many advocates go to the Hill to try to work on this, no matter how many members you're flipping, these gatekeepers are doing a damn good job making sure that the war on drugs continues.

MR. JOHNSON: And George, where does it stand in terms of getting the movie in front of members of Congress? I know that you talked about the intended audience was people who may have misconceptions about cannabis, people who may hold a stigma themselves.

MR. BURROUGHS: Well, we're planning on trying to do a screening on the Hill. And in addition to that, we screened recently at Americans for Safe Access. When we made this, the second it was done and it premiered, it was free for all. Everyone can see it. If you want to have a screening party, we'll get you a file that you can watch it or you can use the YouTube link. The other thing, too, is if you're having it at -- you want to screen it at a conference or in a state that might have legalization on the ballot coming up in November, our team -- contact Brookings and we'll get you the file so we can have it in front of as many people as possible.

I think you're going to have to do it in the states first because that's where the pressure's going to come for representatives.

MR. JOHNSON: Beth, what have you learned in terms of politically what works in terms of winning over people who may harbor these misgivings about legalization?

MS. E. COLLINS: Well, in Virginia, it was the stories of the families that -- you know, we met with the most difficult legislators we could first to try to change their minds because we know if we could change their minds, then the others would follow, and we did. And I think the same is true federally. You know, you just have to keep going in with your stories.

Our story is not just our story. As Jen said, it's thousands and thousands of people's stories. And they need to keep telling them. And, you know, I think it can change minds, but you've got to get them to watch and listen.

And another thing that changes is when someone in their family gets sick and the only option they have is cannabis. I've seen that happen when they find out that, oh, my son has Crohn's and cannabis could help him when nothing else has? Oh, maybe I should support some legislation that helps make that happen.

MR. JOHNSON: And Jen, what kind of reaction have you gotten to the movie from perhaps friends or just people online?

MS. J. COLLINS: Well, from my friends they've all been really supportive. They think it was very well done, which it was. But I've just gotten a lot of support from it.

MR. JOHNSON: A lot of support. Where are we right now in terms of if you look at the midterms in terms of how many states will have a ballot initiative that might -- a medical marijuana ballot initiative or a recreational marijuana ballot initiative?

MR. HUDAK: So Missouri and Utah are going to vote on medical marijuana ballot initiatives this November. Now, that is almost a certainty, though there are some groups out in Utah who are now trying to bully people who signed the signature drive for the ballot initiative to try to get them to withdraw their signature through threats and fearmongering and all of that appalling activity for which people should be ashamed. But they're going to vote on this issue in fall.

Now, you might think Missouri's the kind of state that you could see, you know, moving forward on this. But thinking about a state like Utah that is deeply conservative and religiously conservative, the LDS Church has come out against this ballot initiative. And support is somewhere right now around 75 percent in polling for passage. So even the strongest institutions in a state that say no cannot overwhelm the individual experiences that are being felt at the state level, at the county level, and at the individual level.

And you asked Beth earlier about changes in stigma, changes in stigma have been dramatic just in the short period of time that I've been working on this issue, in part because people are seeing states reform this and the sky isn't falling. But in large part because a lot of people are taking medical cannabis themselves or have a family member in another state who are taking it.

And these stories of family health, people who are at the absolute end of their line looking for something to help them, like Jen said, like Beth said in the movie, when you're on pharmaceuticals that aren't helping, but they are giving you a variety of

side effects for which you need other pharmaceuticals to deal with them, that's not a story unique to the Collins family. That's not a story that's unique to someone with an epilepsy disorder. That is a story that everyone in this room can relate to either personally or because of a friend or someone in their family. That's what's changing minds. That is what is allowing three-quarters of the population of Utah to stand up to their own church on this issue. And that is something that I think you're seeing more and more.

And it's also changing the ability not just of voters voting on an initiatives, but state legislators to say, you know what, maybe we're not -- it's not only that we're not going to lose support if we come out and do the right thing on this issue, we'll probably gain some support if we do the right thing.

MR. JOHNSON: George, do you think that states like California, where I'm originally from, that they recently approved in 2016, I should say, the use of recreational marijuana, that that drive to approve the recreational use has in any way obscured the medical benefits that we were just talking about in the movie?

MR. BURROUGHS: I don't think so because of the opioid crisis. Since we premiered this I've heard stories people have written to me talking about their own personal experiences and one was a nurse in a conservative state who was conservative and skeptical of the benefits of cannabis. And they were doing the rounds on their floor and they started to see the beds filled with opioid addicts. And no one there was doing anything about it. And they took it upon themselves to make chocolate with cannabis in it and they were giving it to patients without approval from anyone at this hospital.

And when asked, this person, since retired, when they were asked, a friend of mine asked them, well, what would you do if you got caught and prosecuted? And this person said on a monthly basis I hear from those patients and I've changed their lives. And she said if they prosecute me and imprison me, it was worth it.

So I don't think recreational is going to obscure medical.

MR. JOHNSON: Beth, one point that is made in the movie is even in

states where there is approval for medical marijuana, I think it's more than half the states now, 29 and Washington, D.C., there still is a problem there because you don't have the standardization in approaches. You don't have, as we saw, the doctors recommending certain doses. It's kind of a free-for-all. Where do you see that going? Do you see that changing? Do you see state legislators stepping in and starting to go back and sort of refine the approach that they take to medical marijuana?

MS. E. COLLINS: Yeah, I do. I think there is a lot of standardization now that wasn't there before. I think the states are doing a really good job at trying to make sure their products are safe for human consumption.

I think there's doctor education that's happening that wasn't happening. It's a slow process. Again, the doctors that want to participate in the programs in their states still do, though, have to worry about their federal licensures, so that's still a problem.

I think there's also they're going to back and looking at things like civil rights protections, like, you know, drug testing on the job for cannabis when, you know, cannabis stays in your system a lot longer than other drugs, so just because you test positive doesn't mean you're high. So those kinds of things, housing protections, all those kinds of things.

You know, we look at some of the states that have had programs longer and they have more of those types of civil protections in place, as well. So, you know, it's a process.

MR. JOHNSON: The other thing, and we were talking about this earlier, was just a state that does approve medical marijuana, cannabis, like Virginia, it takes a number of years for everything to get ramped up, doesn't it?

MS. E. COLLINS: Oh, yeah, because you've got the licensing approval. If you look at Maryland, they passed their law, it was over four years before the first dispensary opened. So that happens quite frequently in the states that do legalize.

MR. JOHNSON: I want to ask you, in the Washington Post on Sunday there was an op-ed, I think it was from a neuroscientist, Judith Grisel. I'm not sure if any of you saw it, but she was making the case of the potential impact on adolescents. And I think she was mainly referring to the recreational use of marijuana in terms of its impact on brain development. And she also brought up the whole idea that it's a gateway drug.

Anyone have a reaction to what she wrote? It was a pretty prominent placement in the Post.

MR. HUDAK: Well, I think there are concerns, serious, legitimate concerns about brain development in adolescents who are using recreational marijuana, particularly ones who are using it at heavy rates. That is something that should be guarded against. I think anyone in the advocacy community, the cannabis advocacy community, will tell you that.

There are a lot of things in our society that are damaging to the neuro development in adolescents. Alcohol, for instance, things that we have legal, but we regulate. Now, alcohol we don't regulate well at all. And in fact, some of the movements around this, around recreational cannabis, say the, you know, initiative to regulate cannabis like alcohol, it should be the initiative to regulate cannabis better than alcohol; to do it in a way that does protect children. And there are a lot of protections in place right now in states that have legalized for medical or recreational that seek to do exactly that, to protect adolescents.

One of the lines in the advocacy community often is dispensaries check for ID, drug dealers don't. There are not many high school students in the District of Columbia or Northern Virginia or suburban Maryland who can't very easily get their hands on cannabis. That was true pre-legalization in D.C. It is true post-legalization in D.C. And it is true in places where it's not legal, as well. So those are legitimate concerns.

The gateway effects line in this op-ed makes me think that the op-ed was from 25 years ago and not based on any science that we know since then. So I would

just cast that aside as someone who probably hasn't read much medical research in a couple of decades.

But the serious concerns exist around the impact on children. But you know what else is really difficult on a teenager's brain? Having 250 seizures a day. That isn't good either.

So like anything that we make choices over around public policy, you weigh harms and you weigh benefits. And then you use a regulatory structure to minimize the harms and maximize the benefits. And that's what states are trying to do right now. They're not doing it perfectly, but they're trying to do it.

And so the argument about prohibition being the solution I would point to rates of smoking in states where prohibition still exists or rates of smoking cannabis pre-legalization. Prohibition isn't the solution. Something else has to be. And I think a well-intentioned, well-regulated system is obviously not perfect, but it's preferential.

MR. JOHNSON: Beth, those are some of the questions it seemed you had. Your husband, as we saw in the movie, said absolutely not at first, but then you started to do a little more research on it and you were convinced. What was it that convinced you, hey, this was an approach? You weight the risk and the rewards.

MS. E. COLLINS: Just seeing it happen. I mean, you couldn't deny -- when I started talking to people and getting the stories from people that it worked, you know, as a parent you'll try anything to help your kid. And I was putting toxic chemicals into her body and here's this plant that I'm told I can't try. You know, it was non-intoxicating, but her rescue medication would make her hallucinate. But, you know, that's FDA approved, so it's safe.

There were no longitudinal studies on any of the drugs that she's taken. None of them. None of them on her age group. She was on the maximum adult dose of these medications and there was no research whatsoever on what that could do to her brain. But this idea that, you know, perhaps something might happen to her brain, it

infuriated me actually. It made no sense. It's really common sense when you think about it, you know. It's safer than any of the drugs she's ever been on. Any single one of them.

MR. JOHNSON: Jen, you got off pharmaceuticals. It was last -- it must have been last fall, if I'm correct?

MS. J. COLLINS: Last spring.

MR. JOHNSON: Last spring, okay. It's been a year. And what was your first reaction when your parents decided to try out cannabis?

MS. J. COLLINS: Well, I mean, I went through every other medication, I tried diets. And, I mean, I know they just want the best for me, so I was obviously skeptical. I was like you want me to try weed? Like what? (Laughter)

But then like my neurologist at the time had told us that that was our best option and we had read so many stories together about it. So, I mean, that was kind of our last option. So, I mean, I didn't really have a choice, you know. But I'm glad I made the choice.

MR. JOHNSON: You had a neurologist that said, you know, that that should be an option. Is that a problem, too, in the medical community, that medical professionals just won't even consider that as an option?

MS. J. COLLINS: They won't talk about it.

MR. JOHNSON: They won't talk about it.

MS. J. COLLINS: No. At risk of losing their jobs, they can't talk about marijuana.

MR. JOHNSON: Another question I had is, you know, you talk about the risk of arrest, the risk of forfeiture as was mentioned in the movie. Do you have any sense of how many people have actually been arrested in situations like this for the misuse, I guess, of medical marijuana, crossing state lines, that type of thing?

MR. HUDAK: Yeah, there are arrests of individuals who are growing improperly or using improperly. Medical cannabis, even within states where it's legal,



there are still very specific situations in which you can and can't use it. There are a lot of arrests for public use in legal states. That's one of the biggest ones.

There are other types of regulatory actions, as well. So for instance, if the Collins family lived in public housing, even in Colorado when you were there, you wouldn't have been able to have access to it because it's federal property and it's a federal crime. So those are types of regulatory actions that are taken against people.

Losing your job, getting expelled from college, these are all the types of costs that I think need to get factored into what happens, what type of burden do medical cannabis users face even beyond arrests. Arrests are pretty uncommon for card-carrying, legal medical cannabis users in states where it is legal. It does happen, but it's much more uncommon, thankfully.

But there are also a lot of medical cannabis users in states where it is illegal still. They're getting it illegally. They're getting it from drug dealers. They're getting product that they don't know the THC content, they don't know the ratio of cannabinoids in it. And they are dealing with people who they probably don't want to be dealing with because they can't go to a dispensary and get it.

And so those are costs, those are risks that cannabis patients face, medical patients who use cannabis face every day. And they're part of the story that, unfortunately, is never told. I think if you ask any member of Congress with a brain in their head would you rather someone who's going to use cannabis for medical use to go to a state-regulated dispensary or a drug dealer down the corner, they're going to tell you a state-regulated dispensary. But, unfortunately, for about 100 million Americans, 120 million Americans, they don't have the choice of that dispensary because elected officials haven't given them that opportunity.

MR. JOHNSON: George, where do things stand with the Trump administration. (Laughter) Certainly hear mixed messages, especially from the attorney general.

MR. BURROUGHS: Well, I'll just say that during the campaign, Trump was I think the most progressive on the issue. As far as a profile on Attorney General Jeff Sessions, I want to leave that to John. (Laughter)

MR. JOHNSON: Back to you, John.

MR. HUDAK: A balk. So Jeff Sessions is one of the biggest enemies to cannabis reform in the United States. He is someone who holds tremendous power. He is someone who has been raised in a professional culture in which prosecuting cannabis users was a good way to accomplish two tasks: one was to balance law enforcement books and the other was to put a lot of people of color in jail.

I think that there are a lot of individuals in the Trump administration who people take issue with their policies. I don't know of anyone in the Trump administration who on an issue has such a diametrically opposed view to their president as Jeff Sessions does on cannabis. George had it right, Donald Trump on the issue of cannabis reform had the most progressive view of any major party presidential candidate in American history, more so than Hillary Clinton, more so than Barack Obama. And then he appointed Jeff Sessions, who is probably the worst attorney general on this in recent memory.

And so I think the real problem is not necessarily that the President hasn't followed through on his campaign promises, though that is certainly an issue. It's that he picked the worst guy for the job in Jeff Sessions. And that is a man who day after day after day is asking members of Congress to do what the President does not want him to do, and that's a real issue.

I mean, a new attorney general, you might end up with the same situation we have now, but you -- never say never, right? But it's hard to imagine a different attorney general making the policy environment any worse than it is.

MR. JOHNSON: Beth, is that a fear, that there will be some kind of crackdown? Instead of this progression toward the legalization, we might see kind of a

reversal?

MS. E. COLLINS: Absolutely. I mean, we only have one budget amendment protecting the states now. And, you know, it's quite possible that if those protections were not in place, before they were in place there were hundreds of military-style raids across the country. Since they've been in place, there haven't been. But it's quite possible that our attorney general would decide, you know what, enough, get in there and start cracking down. And then supplies to medicine, you know, to kids with epilepsy, to cancer patients, to whomever could be cut off, and that could kill people. It really could because some people, like Jennifer, who are off of their medications, you don't know what will happen if they stop their cannabis. We don't know that. So stopping cannabis could kill you. Having cannabis could never kill you. But he could, he could potentially kill people by doing that.

MR. JOHNSON: We're going to go with questions in just a bit, but I wanted to finish asking Beth, what are your plans in terms of involvement in this issue, being active in this issue? I mean, especially as you see a number of these ballot initiatives, are you traveling to other states to help activists in those states on how they got the laws changed?

MS. E. COLLINS: I'm still working in Virginia on the laws. I was up until recently full-time activism and needed to step away. It's a really, really tiring thing to do to go up against these folks day after day, and it's draining. It's tough on everybody. It's a 24/7 job. And so I've pulled back a little bit for a while, but it's tough to do that, too.

So I'm doing what I can when I can and helping advocates empower other advocates to take the torch and go on. There are so many things you can do in this space to move the issue along. So just trying to be more of a supportive role at this point.

MR. JOHNSON: And Jen, how about you? You are about to graduate. The main question is what do you want to do? Music, do you think you'd like to pursue

that as a career?

MS. J. COLLINS: Yeah, I was thinking about it. I'm not entirely sure what I want to do yet, but that's my main focus right now.

MR. JOHNSON: Do you think you'll stay active on this issue, you know, years from now, especially as you see it progress?

MS. J. COLLINS: Definitely. I mean, I want to see it become legal federally, so we won't have any of these issues, hopefully.

MR. JOHNSON: So I'm going to take a few questions. We have microphones circulating, so please wait until the microphone reaches you. And also, please have a question mark at the end of your questions. That's one of the main things.

So this gentleman right here.

SPEAKER: First, the movie is very powerful. As a father, a very powerful movie. My observation, and there is a question, I work for the Coalition to Transform Advanced Care. And advanced care is working in a number of states dealing with end-of-life care of which pain is certainly part of it. And so I would say that the state levels where those programs are working is where we should be concentrating our efforts because it does work.

And so the question for John is are you using any of those resources in states where cannabis is being used in palliative care, such as Colorado?

MR. HUDAK: Yeah, I've talked to a lot of individuals who are working in this space, as well. In fact, one of the people who were at our first screening of this film in L.A. was a doctor there who was working on this issue in palliative care.

I think what a lot of people don't realize, and I didn't until I wrote my book, was the sort of source of the contemporary medical marijuana movement in the United States. And you could pinpoint it almost to the Castro District of San Francisco in the late 1980s because a lot of people, particularly gay men, were dying of AIDS. And similar to the story that George told about a nurse who reached out to him, there was an

orderly in San Francisco General who they nicknamed Brownie Mary because she was going around to these men who were not only dying of AIDS, but also dying from the side effects of the early drugs that were being used to treat it.

And one of the worst things for an AIDS patient, other than obviously contracting a cold or something, is clinical anorexia. That is either the disease or the pharmaceuticals or the combination of the two make it so that you can't eat because you're nauseous so bad or you can't keep something down. Well, I think one thing, no matter how skeptical you are of medical cannabis, one thing you know about cannabis is it gives you the munchies. Right? And if you have someone who is suffering from clinical anorexia, that is the best thing that they can have, and so she's giving out brownies and it's helping people.

It wasn't being used to cure AIDS. It was being used for palliative care for people who it might make those last few weeks or months a little bit better. That was the source of it, but that continues to be a very important use for it today, whether it's pain management, whether it's to help with appetite, whether it is for a variety of other ailments that you're dealing with in end-of-life care.

Medical cannabis is something that a lot of physicians in your line of work are turning to both in states that it is legal and in states where some bold doctors are saying to patients and their families if you can get it on the street, get it because what else are we going to be able to do for you other than pump you full of morphine?

MR. JOHNSON: Another question right here.

SPEAKER: This may end up sounding like two questions, but the first one is it appears as though the linear approach to success is running into stone walls regularly. And I can think of no better place than Brookings to open the door to alternative approaches. For example, would Brookings -- this is the question -- be amenable to the idea of looking into how social goals have been achieved through history which have been extraordinarily difficult to achieve such as this? I'm thinking of women's

suffrage and civil rights and so on. And perhaps extract from the success that was achieved in those undertakings to distill a methodology for approaching the goal in a different way, in a way that's nonlinear and perhaps may achieve a more successful result? That's a question.

MR. HUDAK: So one of the best parts of my job is to work with a remarkable number of colleagues who are as brilliant as you can find in the policy space. And we have individuals who are working on issues exactly like you describe around things like progressive reforms at the turn of the 20th century and labor union rights. People are working on these issues around race and the challenges facing the middle class. This is an area that I think you're right, too often -- and we're guilty of this, as well, at Brookings -- we're not distilling those best practices that can transcend issue areas and transcend time, but it's something we're really focused on right now in particular. In part, under the new leadership of John Allen as our president, but also because of the hiring that we've done here, people who are thinking in those ways, thinking outside of what has been the traditional box that think tanks, particularly non-partisan think tanks, have operated in.

And so, yeah, the sharing of ideas, the de-siloing of policy areas is something that we're truly committed to, something that I know. For instance, if I'm doing work on cannabis reform, thinking about the racial implications of cannabis prohibition is something that I know a few things about, but my colleagues who are working in race and public policy know a hell of a lot more than I do. And so those communications are only going to improve the content and the value of what we're producing, but also having those conversations across institutions within the states and internationally is just as important I think as talking to the woman who works down the hall from me, as well.

SPEAKER: A subset of that question would be the role of money in the undertaking for the success of implementing acceptance of medical marijuana. And it seems as though you have a major obstacle in the pharmaceutical industry. But beyond

that, lotteries and public gambling have been accepted by many, many states and I'm just wondering what seems to be the role of money as an obstacle?

MR. HUDAK: Well, for a ballot initiative campaign or lobbying a state legislature it costs money. There have been situations in which the pharmaceutical industry has involved themselves in ballot initiatives around cannabis reform. Those results have gone different ways.

I do think that the pharmaceutical industry could be much more challenging for the medical cannabis reform movement than it has been. That is, you know, there's a lot of people who support medical cannabis reform. The organizations that do are not as wealthy as the pharmaceutical industry. And so if they really wanted to go toe-to-toe, they'd probably lose every time, at least from a dollar-by-dollar perspective.

But what the pharmaceutical industry doesn't have that I have learned the medical cannabis reform environment does have is passion about this issue, stories to tell, and an enormous pool of good will from the public. And I think that's really powered this in a way that money just can't.

MR. JOHNSON: Any other questions. Back here, this gentleman in the striped shirt.

SPEAKER: Thank you. I was taken by the subtitle, "Medical Marijuana in the United States." My question is how are other industrialized countries managing medical marijuana? Are they ahead of the United States? Are they struggling with the same issues? And what countries have demonstrated sort of in your experience with your research best practices on pushing this through their system? Thank you.

MR. HUDAK: The federal government's policy around medical marijuana has been something that has been an international scientific embarrassment to be subtle. It is something that has held well-intentioned researchers at some of the world's finest universities and medical schools in the United States, it has held them back from giving the Collins family the answers that they deserve, to help veterans deal with

chronic pain and PTSD, to help Americans across the country try to get answers to questions about what is the cause of their illness or disorder and what kinds of solutions there are. We are getting beaten every day by Israel, by Germany, by other industrialized countries who are far ahead of the game, who do not have a national government who is standing in the way, who is not restricting the supply to medical cannabis researchers.

I think whatever your opinion is on cannabis, on medical cannabis, what have you, the thing I always say is you should support research into medical cannabis because if it's a gateway drug that's addicting to kids and killing everyone, let the science tell you that. You shouldn't be afraid of the science. If it's something that helps people, if it's something that has a lower incidence of side effects than a lot of other pharmaceuticals, let the science tell you that, too. But don't be afraid of the science.

If your war is against science, your war is against patients, against answers, and that is something that people I think should be extraordinarily angry about even when they don't realize it. That is something that kills me every day, that this war on drugs is also a war on science. So you can sit back and watch other countries beat us, sit back and watch other companies and other countries do well, and watch these other researchers elsewhere lead the way.

Beth will tell you, some of the best research that you're going to read on this isn't coming from Harvard or Johns Hopkins or Stanford. It's coming from European and Israeli universities because they do not have those barriers standing in their way.

MR. JOHNSON: Beth, I wanted to follow up on that. Did you consider moving to another country? Was that ever a consideration?

MS. E. COLLINS: Moving to Colorado was hard enough. (Laughter)

MR. JOHNSON: Okay.

MS. E. COLLINS: I think it would have been cost-prohibitive to do, but, I mean, if we couldn't get what we needed in Colorado, probably.



MR. JOHNSON: A question way back there, the man in the blue shirt.

SPEAKER: So speaking of the financial limitations and the various powers that are in play here, do you see a correlation between private prisons and incarceration rights?

MR. HUDAK: That's related, but not entirely on topic. Absolutely. I mean, the prison industry in the United States is very well funded and it's not well funded by outside donors, at least not directly. It's well funded by putting a lot of our most vulnerable in jail for petty crimes.

You know, before legalization started to have an impact on arrest rates around marijuana, you were seeing 800- to 850,000 marijuana arrests in the United States every year. That is a really good way to keep a prison system funded by taking the most widely used illicit drug, that drug being used broadly in the population -- whites, non-whites, young people, old people -- but being able to capitalize on people who can't afford a defense attorney, because the parents are rich and white, to get them a slap on the wrist; by making sure that you can not only arrest someone one time and put them in prison, but put them in a prison that makes them much more likely to go back to prison.

When you look at the incidents of imprisonment, particularly among young men of color in the United States, you very quickly start to see that economic ecology. And it's very hard to break that, obviously. It's hard to stop law enforcement from realizing the way to balance their books and it's very difficult to stop the interest group environment around private prisons from trying to continue the status quo that is making them wealthy. I think that's true in any market. Any market has entrenched interests that want to continue to make them an interest and keep them wealthy. This is, unfortunately, one that is hurting our most vulnerable.

In other areas, that's not the truth. But cannabis reform is a real threat to that as you see a decrease in arrests and you see into the future a continuing decrease in those arrests. It's something that, yeah, it's probably scaring the hell out of the private

prisons industry. But I think for a lot of young men in Washington, D.C., who are going to face a marijuana offense as their prospective first crime, the passage of an initiative here to legalize cannabis was probably a breath of fresh air for them.

MR. JOHNSON: Question right here.

SPEAKER: I wanted to first thank the Brookings Institute and the Collins family for telling their story that is so meaningful to so many people. I wanted to follow up on if the United States did actually pass a states rights bill what that would look like. So would somebody like Jennifer be able to drive from Virginia to Maryland with her medicine? And in a broader sense, what do you think that would look like as to what would be next to fall or what would be the impact of passing that significant legislation?

MR. HUDAK: So there are a lot of proposals out there about how to essentially embed states rights and essentially remove cannabis from being the sole purview of the federal government and creating a more in-depth Tenth Amendment issue around it. That's the nerdy way of saying just let states do what they want to do.

The challenge of not having federal legalization, whether it's for medical or recreational, is that interstate commerce is still something that will fall under the purview of the federal government. And so you could write into a law that if you are a registered patient in Maryland, let's say, and you want to bring product with you when you go to let's say watch the Vegas Golden Knights play hockey in Nevada tomorrow night -- go, Knights, go (Laughter); no shame, no shame, got my pin -- that you would be able to do that, that you would have the freedom, that you would have some sort of indication to show to TSA that, yeah, I'm a patient going from one legal state to another, this is okay.

I haven't seen legislation that has been great on the interstate issue. I have seen legislation that's been great that essentially says if you are a legal patient in a legal state, the federal government can't do anything to you as long as you're abiding by state laws. But that is only half the battle. It doesn't deal with Jen's choices over college. It doesn't deal with a veteran's access at the VA, which for most veterans is their primary

point of healthcare delivery.

It's not dealing with what happens if not only you want to go on vacation, but, you know, we said at the beginning Rabbi Jeffrey Kahn, the owner of Takoma Wellness Center, had a death in his family and he had to leave the state. If he has a medical marijuana user in his family who is traveling out of state for a funeral in a pinch, who depends on this, people don't appreciate that you're facing the choice do I go to a loved one's funeral or do I stay home with the medication that is keeping me alive or helping reduce my symptoms?

The federal legislation I've seen hasn't dealt with that appropriately, unfortunately. But the more stories that are told, I think members of Congress are waking up to the realities that this is much more complex than a hands-off states rights issue, that a federal solution is absolutely necessary.

MS. FLOWERS: Hi. So my name is Ashley Flowers. I actually am living with JME, which is juvenile myoclonic epilepsy. So first and foremost, I really -- there are no words to explain how touching your story is, especially because I can relate to it so much.

I was actually diagnosed when I was 17, so I was diagnosed kind of where you are right now. I'm now 25 and I went to the University of North Carolina. When I was first diagnosed I was having seizures probably five in a week and I was on all sorts of medication. I currently take 13 pills a day. And when I moved down to Carolina, I was still having a lot of seizures, but I'm still taking the same amount. And so as far as college is concerned, I just kind of wanted to let you know that it is rough, but there is definitely light at the end of the tunnel if that brings you any comfort at all because I made it, so you can, too.

But my question for I guess anybody on the panel is because I'm 25 and I'm looking for alternative medication, I'm also kind of looking towards the future in terms of pregnancy and marriage and such. And so when I think about THC and using

cannabis in order to control my seizures, I was wondering if that's something that ever crosses your mind? I know that was a lot, sorry. (Laughter)

MS. J. COLLINS: I mean, that's definitely crossed my mind before, but I'm a little bit away from that. (Laughter)

MS. E. COLLINS: Yes, she is. (Laughter)

MS. J. COLLINS: I mean, since I'm not really thinking about too much, I'm not really sure how you would have to go about that, you know, if you're using it and for pregnancies and everything.

MS. FLOWERS: I guess it was more in terms of, well, of course, you, but also -- oh, can you not hear me? Okay. But also just in terms of the science behind it or in terms of just if reform and federal -- I'm trying to say if people get their shit together. (Laughter) But, you know, when they finally open their eyes -- I'm sorry?

SPEAKER: It's very clear.

MS. FLOWERS: Exactly. They finally open their eyes and remove the stigma, do you think that they'll kind of put more thought into that? Because I know right now we're thinking about cannabis and kind of adolescents, but do you think they're going to kind of think about that, as well?

MS. E. COLLINS: There have been quite a number of studies actually on cannabis use and pregnancy. Unfortunately, they're inconclusive because there are some studies that have shown there actually is no effect and then there's others that are saying, yes, there is. So, I mean, you do have to be careful, of course, when dealing with being pregnant and taking anything.

I know one of the medications that Jennifer was on, you absolutely cannot get pregnant on it, you know, right. Right, so yeah. So, you know, I think talk to your healthcare professional about it and start going on PubMed and looking at all the research because there have been a lot of studies. And then you can start thinking about it and then certainly, you know, if we can get our shit together, then, you know, I think

there will be actually a lot of studies in that area because there's a lot of interest there.

MR. JOHNSON: That's unfortunately all the time we have. Again, I want to remind everyone that there's going to be a reception just outside the doors right after this. And I just have a -- we have a few more words from David right here.

MR. NASSAR: Hi, folks. My name is David Nassar. I'm the vice president for communications here at the Brookings Institution.

I just want to thank, first of all, all of you for coming. And then just say when I interviewed here about six years ago, one of the questions I asked in my interview was why Brookings didn't make film, why we didn't have Brookings productions. And there's a number of people who I think deserve some thanks for the fact that this film was able to get made.

First of all, I want to thank John Allen, our current president, for his support since he's been with us as president since November. I also want to thank Strobe Talbott, our previous president, who had the vision to start a project called the Brookings Essay, and it hasn't been mentioned tonight. This movie originally grew out of a project, out of a Brookings Essay that John wrote called "The Medical Marijuana Mess." And that essay was -- the series of essays was Strobe's original vision, it was his idea.

I also want to thank a couple board members: David Rubenstein for the funding that allowed the Brookings Essay to come to life; and Ben Jacobs, who made the first introduction for me in Los Angeles, which led to the relationship with Variety and them co-sponsoring this event.

And finally, I just want to personally thank the Collins family, Beth and Jen and Patrick, for allowing us to tell your story. I know it's been said before, but without you, this movie wouldn't have happened. And I just think you deserve another round of applause for your courage. Thank you. (Applause)

And I hope all of you join us in the reception. Thank you. Thank all of you. Thank you.

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