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10 Counsel for Proposed Intervening Defendants

11
12 IN THE UNITED STATES DISTRICT COURT
13
14 FOR THE SOUTHERN DISTRICT OF CALIFORNIA

15 COUNTY OF SAN DIEGO,

16
17 Plaintiff,

18 v.

19 STATE OF CALIFORNIA, SANDRA
20 SHEWRY, Director of the California Department
21 of Health Services in her official capacity; and
22 DOES 1 through 50, inclusive,

23 Defendants.

)
)
) No. 06-cv-0130 WQH JMA
)

) **DECLARATION OF VALERIE**
) **CORRAL IN SUPPORT OF**
) **MOTION TO INTERVENE**

) Date: March 13, 2006

) Time: 11 a.m.

) Place: Courtroom 4
)
)

24 I, Valerie A. Leveroni Corral, declare as follows:

- 25
26 1. On March 24, 1973, I was involved in a freak automobile accident. I was a passenger in a
27 Volkswagen "Beetle" that was buzzed by a small private airplane. The plane swooped within feet
28 of the car. The resulting air currents lifted the vehicle off the road causing the driver to lose

control. The car rolled three times across a distance of 365 feet. I was thrown from the car and knocked unconscious. I suffered severe closed head trauma and later was hospitalized for a week.

2. I was 20 years old. Before this accident, I was a bright, motivated student who excelled in her studies. I lived alone, was independent, and ambitious. I was active in the peace movement and the feminist movement. I was eager to take on the world.

3. Shortly after my release from the hospital, I suffered my first grand mal seizure. Then I suffered a second and a third. Because I was living alone, I did not immediately understand what was happening to me -- or even know for sure that something was happening to me. One moment I would be doing something, the next moment I would be waking up. Sometimes when I awoke, I was covered with cuts and bruises. In the words of Feodor Dostoevesky, an epileptic, my Aconsciousness was instantly extinguished and complete darkness followed. *The Idiot*, Signet Classic, 1969, p. 254.

4. Not until my parents saw me convulse was I, or anyone else, aware of the full magnitude of my medical problem. I immediately moved back into my parents' home. Soon, I was being stricken by up to five seizures a day. When I began to convulse, my parents had to turn me on my side to keep me from swallowing my tongue. They held me on the floor while I foamed at the mouth and lost control of my bladder, urinating all over myself. I had no control over my muscles. After a seizure dissipated, I slept for several hours. Always, when I awoke, I lacked any memory of having seized.

5. My hospital records from September 1973 provide some insight into my condition:

[Valerie] began to have dizziness and blackout spells . . . , sometimes without warning, but often with a feeling of unreality preceding the unconsciousness.

1 On [August 23, 1973], the patient apparently had a very hard blackout spell, at which time she
2 was rendered unconscious and unresponsive for about 20 or 30 minutes, and apparently tonic
3 movements were noted at that time.
4

5 Valerie A. Leveroni [Corral] Discharge Summary, Saint Mary's Hospital, Reno, Nevada, Sept. 6,
6 1973.
7

8 6. Doctors placed me on anticonvulsant and pain medications. But the medications were only mildly
9 successful in preventing seizures and reducing pain. Again, my hospital records are revealing:
10 The patient was first placed on Dilantin and Phenobarbital, but because of repeated seizures after
11 hospitalization and witnessed by the nurses, Mysoline was instituted instead of Phenobarbital.
12 She had some difficulty with headache . . . and this was first treated with Cafergot, then Periacin,
13 and later Percodan, when the former two did not seem to help very much. On one occasion,
14 Mysoline was increased to 375 mg. q.i.d. at which point the patient became quite drowsy and
15 depressed.
16

17 [The patient] was discharged with prescriptions for Percodan . . . , Valium, . . . Dilantin, . . . , and
18 Mysoline
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20 Valerie A. Leveroni [Corral] Discharge Summary, Saint Mary's Hospital, Reno, Nevada, Sept. 6,
21 1973.
22

23 7. After I tried Mysoline and Dilantin to no avail, doctors prescribed still other anti-epileptic drugs,
24 phenobarbital, and diazepam. But I fared little better with these medications. Each drug, effective
25 in about 75% of persons who suffer from seizure disorders, failed to relieve my symptoms. I
26 continued to suffer as many as three to five grand mal seizures a day. For pain I continued to take
27 Percodan and Valium.
28

1 8. These anti-convulsant and pain medications, however, heavily sedated me to the point that I lived
2 in a near vegetative state. My parents described me as Acatatonic. I was rendered wholly
3 dysfunctional. I had to be reminded to eat. I could not think clearly. I did not sleep well. I
4 stumbled through an ever-present drug haze in a futile attempt to control my spasms. I changed
5 medications and tried different dosages, but I continued to be struck by seizures that descended
6 with little warning. The medications also depleted my white blood cells, rendering me vulnerable
7 to viruses with which I came into contact. I constantly battled ordinary colds and flus, often
8 resulting in hospitalization.

11 9. To make matters worse, I eventually became physically dependent on my medications. I
12 descended ever deeper into a pharmaceutical stupor. I could not work. I could not cross the street
13 by myself. I could not be left unattended, for fear that I would be overtaken by a seizure, or that,
14 in my stupor, I would injure myself. I had a bad habit of walking into oncoming traffic and nearly
15 drowning while taking baths -- all because of my seizure disorder and the prescription drugs used
16 to treat it. My parents, then, after I married, my husband, Michael, were my ever-present
17 caretakers. I had gone from a young woman who had the world at her feet to a prisoner in my
18 own spasmodic body. I lacked freedom, mobility and independence.

21 10. I lived this way for more than two years. Meanwhile, my husband scoured scientific and medical
22 journals for a sign of some promising new therapy. My life changed forever when he discovered
23 an article discussing the ability of marijuana to control seizures in laboratory animals.

26 11. I obtained some marijuana and smoked a small amount of it. To my astonishment, my seizure
27 activity diminished. I continued to smoke a little marijuana each day. The seizures stayed away.

1 Whenever I felt an aura (the premonitory sensation that often precedes a seizure), I took a puff of
1
2 marijuana to control the onset of convulsions.
2
3

3 12. Legally available medicines had failed to control my seizure disorder and had left me debilitated
4 and addicted to prescription drugs. With what little perspective I had left, I convinced myself to
5 stop my failed pill- popping regimen. I told my physician that I could not bear the way I felt, and
6 that I frankly preferred the prospect of suffering a full complement of seizures daily than
7 continuing my medications. Fortunately, my doctor was sympathetic to my efforts to reduce my
8 prescription drugs. He was aware of the dangerous side effects such drugs could cause, and saw
9 those very side effects slowly ruining the quality of my life.
10
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11 13. At first, I tried to quit my medications cold turkey. But I did not realize just how dependent on
12 them I had become. I immediately suffered a series of seizures. After three days of withdrawals,
13 my husband persuaded me to take a half-dose of Mysoline. Within 30 minutes my symptoms
14 ceased. We then realized I was addicted. We then opted to gradually wean me from prescription
15 drugs. For the next two and one-half years, I slowly decreased my dosages and finally stopped my
16 anti-convulsants altogether. The only medication that I continued to rely on was the single one
17 that would control my seizures and restore a somewhat normal life. That medicine is marijuana.
18
19

19 14. By the end of 1977 I was seizure free and liberated from my drug-induced stupor. Whereas before
20 I had taken up to 15 pills each day, I now only needed a few puffs of marijuana. Whereas before I
21 could barely function, the debilitating side effects of the prescription drugs were now gone. I
22 could do virtually everything that I did before my accident, including driving.
23
24

24 15. From the beginning, I kept my doctor abreast of my progress on medical marijuana, just as I had
25 with my other medications. It was important to me that he have as complete an understanding as
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possible regarding my medical history so that if my health changed I could look to him -- as I have looked to all of my physicians -- to help me fine tune or otherwise alter my treatment in order to strike the best balance between reducing both seizures and drug-induced side effects.

16. Unfortunately, my physician, who had helped me wean myself from my prescription drug dependency, refused to engage me in a serious dialogue about medical marijuana. His unwillingness to regard marijuana as a medicine made me feel something other than a patient. He treated me as if I were living a lie, engaging in some elaborate self-deception. When my doctor did speak about marijuana, he merely mentioned the sanctions I faced, from the state and federal authorities, for my actions.

17. I grew increasingly uncomfortable with my doctor's reticence. Eventually, I lost trust in his ability to provide me with the best medical care for my seizure disorder.

18. My faith in my physician was completely and irretrievably shattered when I learned that he had never made any notation in my patient chart regarding my medical use of marijuana despite the fact that I had meticulously informed him of this fact for more than a decade. It never occurred to me that as he made copious notes of my symptoms, my prescription medications, and my progress, that my doctor would fail to mention the one medicine that truly worked for me. What if I were suddenly hospitalized? What if I began seizing when out of town? What if I decided to move out of state? What if my doctor left practice or died? Certainly, any other physician who needed to treat me would want to know as much as possible about me, my disorder, and my failed efforts to treat my disorder with conventional therapies. But my doctor deprived such physicians of his intimate knowledge of my health. He deprived them of the ability to assess, for example, whether my use of marijuana masks a neurological symptom attendant to my disorder. In so

1 doing, he jeopardized my future well- being. My doctor's explanation for his dangerous omission:
2 he was trying to protect me from the long arm of the government.

3
4 19. I needed a doctor who practiced medicine, not law or politics. Accordingly, I changed doctors.

5 My current doctor is willing to discuss whether marijuana is an appropriate treatment for me,
6 whether smoking is the best way to ingest the medicine, and what constitutes a medically proper
7 grade of marijuana. We have a mutual understanding and trust.

8 20. Incidentally, since using medical marijuana, I have come to learn that the annals of medicine
9 contain several references to the anticonvulsant quality of marijuana. Medical literature from the
10 19th century made frequent mention of the use of cannabis preparations for the treatment of
11 seizures. A 1975 case report published in the *Journal of The American Medical Association* noted
12 the complete control of seizures was achieved with a combination of conventional medication and
13 marijuana. And a 1980 article in *Pharmacology* reports the successful use of cannabidiol, a
14 constituent of marijuana, in some epileptic patients. Since 1980, articles reporting similar findings
15 have also appeared in the *Journal of Clinical Pharmacology* and the *American Journal of*
16 *Epidemiology*, among other publications. And the literature is expanding.

17
18 21. I am the co-founder with my husband Mike, and executive director of the WOMEN'S
19 ALLIANCE FOR MEDICAL MARIJUANA ("WAMM"). We started WAMM because we
20 realize that sick and dying people face not only a physical struggle with their illnesses, but also
21 discrimination and intolerance. Our goal is to create a community in which sick and dying
22 patients provide each other with emotional support and physical care.

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25 22. WAMM is a collective located in the City and County of Santa Cruz, California. WAMM has a
26 maximum membership of 250 patients who suffer from HIV/AIDS, multiple sclerosis, glaucoma,

1 epilepsy, various forms of cancer, and other serious illnesses and diseases. WAMM members
2 receive and use marijuana for their medical needs, to treat symptoms of their illnesses or to
3 relieve serious side effects from conventional medical treatment. These patients use the marijuana
4 with the written recommendations of their physicians, in full compliance with California's
5 medical marijuana laws. The majority of our members are terminally ill.
6

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8 23. Membership is limited, so that new patients generally are admitted only after a current member
9 dies or, in rare circumstances, leaves the collective. WAMM patients work together to alleviate
10 their suffering. They provide each other with emotional support to deal with their illnesses and
11 assist each other in completing day-to-day tasks that their illnesses have made more difficult, such
12 as grocery shopping or traveling to the doctor's office. Each patient's "primary caregiver,"
13 defined by California law as the individual designated by the patient who consistently assumes
14 responsibility for the housing, health, or safety of the patient, Cal. Health & Safety Code §
15 11362.5(e), is also a member of WAMM.
16

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18 24. For members of WAMM, marijuana provides relief from intolerable pain and other
19 incapacitating symptoms of serious or terminal illness, and marijuana alleviates the debilitating
20 side effects of necessary medications and treatments; for some of these individuals, marijuana is
21 the only medication that will provide these forms of critical, sometimes life-sustaining,
22 assistance; and for all of these individuals, the ability to use marijuana is a necessary means of
23 controlling circumstances and course of their treatment.
24

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26 25. For some WAMM members who have been diagnosed with a terminal medical condition, use of
27 marijuana is also a critical means of controlling the circumstances of their approaching death – a
28 medication these individuals anticipate and plan to use in the their final days and hours, often as

1 an alternative to stupor-inducing narcotics, as a way of easing and directing the passage from life
2 into death. Since founding WAMM, I have witnessed many WAMM members' final moments of
3 life. Medical marijuana allowed these WAMM members to spend lucid moments with their loved
4 ones during their last hours. These members have told me that marijuana has allowed them to
5 accept their deaths more easily.
6

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8 26. WAMM is and has been a vigorous advocate of Proposition 215 and S.B. 420, the legislation
9 codified at California Health & Safety Code §§ 11362.5 and 11362.7 through 11362.83.

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11 27. Prior to the enactment of Proposition 215, I attended as a representative of WAMM meetings held
12 by the sponsors of Proposition 215 and contributed meaningfully to the discussions at those
13 meetings that led directly to the specific language of the Proposition as it was eventually enacted.

14
15 28. WAMM and individual WAMM members, including myself, are co-plaintiffs, along with the
16 City and County of Santa Cruz, California, in *County of Santa Cruz, California et. al. v. Ashcroft*
17 *et. al.*, Case No. C 03-01802, currently pending in the federal district court for the Northern
18 District of California. We have raised claims in that case seeking to defend and vindicate
19 California's medical marijuana laws and the rights of patients and their physicians under those
20 laws.
21

22 I declare under penalty of perjury under the laws of the United States of America and the State of
23 California that the foregoing is true and correct to the best of my knowledge, and that this declaration
24 was executed on this 24th day of January, 2006, in Santa Cruz, California.
25

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27
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Valerie A. Leveroni Corral