

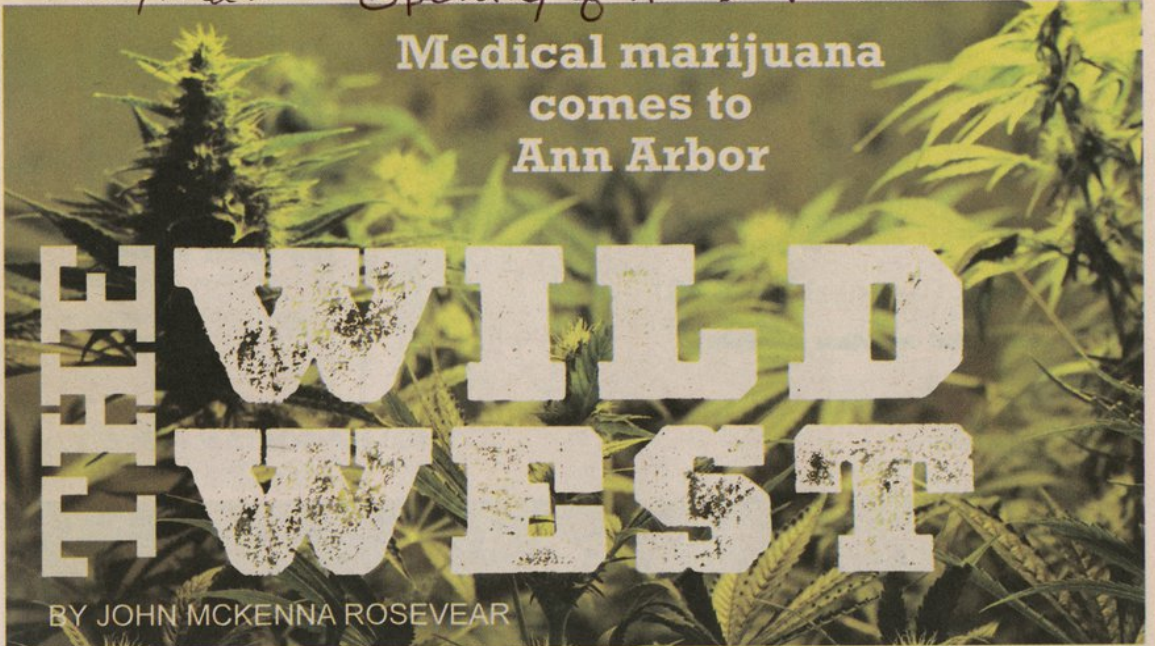
- long road to opening of A² Dispensaries!

Bven before a Main Street store was robbed at gunpoint in September, people were describing the medical marijuana business as the Wild West.

The new frontier opened when voters passed the Michigan Medical Marihuana Act in 2008 (earlier laws enshrined the alternative spelling). The act protects people with “debilitating medical conditions” from prosecution for possessing or using marijuana, and sets what looked like tight controls on its production and distribution: “patients” can raise up to twelve hemp plants for their own use, or delegate the growing to a designated “caregiver.”

The law says nothing about buying or selling. Yet by the time the Ann Arbor City Council hastily enacted a moratorium in August, eight businesses dispensing marijuana had already opened in the city. Anyone with a physician’s recommendation can now walk in, join a “club,” and walk out with up to 2.5 ounces of Blueberry Haze or White Widow—or “medibles” like marijuana brownies and rainbow-colored lollipops dosed with marijuana extract.

Whether they’re called dispensaries, clinics, clubs, or compassion centers, they occupy a lawless legal frontier. The system the MMMA sketched out seemed cozily domestic, like neighbors trading tomatoes or zucchini over the fence. The clinics are more like supermarkets, buying from growers wholesale and selling to any registered medical marijuana patient who walks in the door. That’s far beyond anything described by the MMMA, but according to city attorney Stephen Postema, the courts so far have not “finally determined the issue of the legality of the dispensaries.”



BY JOHN MCKENNA ROSEVEAR

In October the city was moving toward adopting an ordinance that will strictly regulate any new dispensaries that open after the moratorium expires in December. But the pioneers who didn’t wait for permission are already thriving. Nobody knows exactly how many medical marijuana patients use Ann Arbor clinics, but an informed guess based on customer counts supplied by the clinics puts the number at five to seven thousand.

The Liberty 420 Clinic is upstairs at the corner of Main and Washington. It doesn’t look like an easy place to get away from, and the three men charged with stealing cash and marijuana there at gunpoint didn’t: a fleeing witness called the police, and the men were arrested as they ran from the building.

Owner “James Chainsaw”—the pseudonym on his business card—isn’t interested in talking about the robbery, or anything else. But office manager Christi Marshall, a phlebotomist and EMU sophomore, is charming and helpful. “We’re a pharmacy,” says Marshall, thirty-five. “Walgreens and Rite Aid get robbed; so do we.”

Unlike at Walgreens, customers pay to shop here—\$12 a year to be enrolled on the clinic’s books. Still, Marshall says the clinic’s membership is “2,500 and growing.”

When a customer enters the Liberty 420 office, the receptionist first

asks for a photo ID, usually a driver’s license, which is scanned and matched with the person’s prescription and state certificate. But there have been a few changes since the robbery. Now there’s a full-time security guard, more locks, and closed-circuit cameras in the high-ceilinged reception area.

“We’re here to help people with their pain,” Marshall says. “Some of our patients are terminally ill. We make their pain tolerable.”

um. “We’re not a dispensary,” says Mynes, thirty-two. “We’re more of a club.” But the nonprofit does distribute marijuana—when I stop in, varieties in the safe include Silver Pearl, White Widow, Skunk XXX, White Russian, and Sweet Island Skunk. They’ve got medibles, too—\$8 will buy a brownie or Rice Krispie square, \$12 a “Magic Bar” that looks like a Payday candy bar.

Adam Centofanti, forty-five, is general manager. In less than three months, he says, People’s Choice has enrolled 900

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Though there are plans in the works to offer curbside pickup, the only patients being helped when I stop by in early October are those strong enough to make the long climb up from the street. Even so, the waiting room is seldom empty. One patient, a woman in her fifties, says she drove in from Adrian.

A large whiteboard advertises the clinic’s current offerings, from White Russian at \$300 an ounce to Pineapple Kush for \$420. At one point, two nervous-looking young women walk in carrying bulging purses and boxes of brownies packed in Ziploc bags. They deliver the goods and walk out with stacks of \$20 bills.

Eight blocks south on Main Street, staff members at People’s Choice Alternative Medicine look uncomfortable when I ask about the robbery up the street. After a pause, president Daryl Mynes says, “Some people operate their business more efficiently than others.”

People’s Choice opened in July in a red-brick house across from Michigan Stadi-

um. “They are thankful there’s a place where they can pick up their medicine without fear and with a feeling of confidence,” Centofanti says. “We have the occasional Vietnam vet who’s in pretty bad shape, and we have an opportunity to act charitably.”

“We had a patient come in who had driven down from Traverse City,” says staffer Kathleen Semenuk, fifty-six. “He said that after using Simpson oil [a marijuana extract] on a cancerous lesion it was cured—his physician said so.”

While we’re talking, a woman who looks to be in her early thirties walks in. When I ask what brings her here, she tells me she’s seeking medication recommended by her caregiver. After meeting with “budtender” Dave Heitzenrater, twenty-three, she walks out carrying a small brown paper bag, gets into her car, and drives away.

The MMMA permits registered patients to possess up to 2.5 ounces of marijuana at a time, which is the estimated medically active production of a single plant. A caregiver or producer is allowed to have five patients at a time, for a total of 12.5 ounces. If, as is often the case, the care-



“We’re not a dispensary,” says People’s Choice president Daryl Mynes. “We’re more of a club”—one whose members can obtain marijuana strains like Silver Pearl and Skunk XXX. Office manager Kathleen Semenuk says one patient drove all the way from Traverse City.

J. ADRIAN WYLLIE

THE WILD WEST

giver is also a card-carrying patient, he or she may possess an additional 2.5 ounces of marijuana. Add 12.5 to 2.5 and the sum is 15 ounces. Whereas 16 ounces equals a pound, a caregiver-patient may have in possession, at any given time, 15 ounces, or a "Michigan pound."

Chuck Ream explains more about how it works for caregivers and patients. A retired kindergarten teacher and former Scio Township official, Ream suffers from a gastrointestinal ailment so painful that at one point, he says, he was ready to "take myself out of the scene—and then I found cannabis." He spent much of the 1990s consulting books and articles about marijuana, concluding that it's "a pleasant plant, is mild, and that society is dealing very poorly with an ancient taboo." In 2006, he led the petition drive that enshrined the right to use medical marijuana in Ann Arbor's city charter.

At sixty-three, Ream is an elder statesman of the medical marijuana movement. But he's not just an advocate any more—after years in the legal shadows, he came out in August when he opened his own "compassion center," Med Mar.

Along with the Michigan pound, he says, the other key concept in the business is "average." A caregiver can legally grow twelve plants for each patient, which in theory will be just enough for that person's needs. Raising potent marijuana is difficult and time-consuming, from selection of the growing medium and stock to the culling of male plants and careful cultivation of the females to produce the biggest, most resin-filled buds. But those who master the art can produce considerably more than 2.5 ounces per plant—and can be paid for their time (legally speaking) if they "donate" that average to a clinic.

"The grower is compensated for his medicine by the compassion center," Ream explains. "Then the patient makes a donation to the compassion center to procure their medicine."

On a Tuesday evening in early October, Ream is back in his advocate's role—he's come to City Hall to address the planning commission. Slender and handsome, dressed in a blue blazer, he begins by thanking "the compassionate and intelli-



Medical marijuana activist Chuck Ream now balances politics with providing the drug at his clinic on Packard.



J. ADRIAN WYLIE

C-4 partners Tim Potter, Dave Goldwyn, and Dave Vought reject the suggestion that there's "competition" between clinics—"we're into cooperation."

gent voters of Ann Arbor. They have made it clear, with a 79 percent majority, that they want the ancient cannabis herb to be available to patients when a medical doctor has indicated that medical marijuana may be useful to treat their condition."

Ream's topic is the ordinance the city is developing to regulate dispensaries within the city limits. He says that a provision requiring home-based clinics to obtain an annual zoning compliance permit was "completely unacceptable and a violation of state law." He warns that if it's adopted, there will be litigation.

"Of Michigan's eighty-three counties, all voted in favor of the 2008 marijuana reform law," he points out. One can almost go back forty-plus years and hear John Sinclair shout, "Power to the People!"

Before the MMMA passed, my friend Renee Wolfe was Ann Arbor's poster child for medical marijuana. She's been very open about smoking to control muscle cramps caused by her multiple sclerosis, leading to repeated run-ins with the police that ended only when Ann Arbor passed its charter amendment four years ago. Even then, however, she couldn't find a local doctor willing to recommend that she use the herb. She ended up getting her recommendation from a physician in the Pacific Northwest.

Today, she could just go to 911thc.com and make an appointment at the Healing Center of Ann Arbor. It's not a dispensary, but the reference to marijuana's euphoria-producing ingredient, THC (tetrahydrocannabinol), is no coincidence. Dr. Patil—she asks me not to print her first name—says she provides "a holistic alternative to modern medicine." That includes making recommendations for "herbs, dietary supplements, exercises, yoga techniques, breath work, [and] meditation." But she estimates that 25–30 percent of her patients want a recommendation for medical marijuana.

Many people in the business seem most enthusiastic about marijuana's recreational potential. But Patil is keenly interested in the medical side—she'd like to add some science to the rush of interest in the drug. She would especially like to see some form of regulatory standardization, so that, for instance, a patient could know the actual dose of THC delivered by the bud he or she is buying.

"People are finally starting to wake up," Patil says, "to the fact that cannabis may be a new and highly effective medicine." She's working with the HIV/AIDS Resource Center (HARC) on a study that will treat ten patients using edibles and tincture, and expects to begin seeing results in a year.

Patil says her father, also a physician, approves most of her recommendations. But it's her business, and she says she's spending as much as \$4,000 a month on marketing and promotion. When I stop in to see her in September, she's been open since June 1 and tells me she has yet to draw a paycheck.

Some of Patil's patients find their way to the Green Planet Collective on Tappan. It's run by Mike McLeod, fifty-two, who greets me warily when I turn up at the duplex apartment across from the U-M business school. He describes Green Planet as a private club, with no more than a hundred members, whose goal is to "share resources, inform people" about how

Dr. Patil says she provides "a holistic alternative to modern medicine"—including recommendations for medical marijuana.

to be legal, how to find a doctor, and how to match up with a caregiver.

Staff at another local clinic, the Ann Arbor Health Collective near the Trader Joe's shopping center on East Stadium, declined to be interviewed. Fortunately, they're much more talkative on Facebook: posts include frequent updates on available strains (AK-47 and AK-48 are mainstays) and answers to questions from current and prospective customers. In October, for instance, they boasted that their medible selection includes "salsa, sauces, covered cherries, pretzels, and much more."

J. ADRIAN WYLIE

THE WILD WEST

Across the street, the staff at C-4 LLC is much mellow. When I ask Dave Vought, David Goldwyn, and Tim Potter about “competition” among clinics, all three appear startled and look at one another. “No,” they insist, “that’s a bad word. We’re not in competition, we’re into *cooperation*.”

Vought, thirty-four, Goldwyn, twenty-six, and Potter, twenty-nine, say they invested around \$30,000 and hundreds of hours before opening on June 1 in a building they share with King’s Keyboard House.

Both Daves have retail experience—Vought at 42 Degrees, a campus-area head shop, and Goldwyn at REI—and it shows in their highly professional operation. Every doorway has a complicated lock to ensure safe access. In a system unique among the clinics I visited, they’ve also issued each of their roughly 250 members a plastic ID card with a photo and bar code.

Instead of signing in at the reception desk, a customer presents the card. The bar code is scanned with a handheld device, and the patient’s information—including medical problems and type and amount of herb given previously—pops up on a screen. The data also is transferred to a screen in the dispensing room where today’s budtender on duty, Joshua Marx, prepares the customer’s “medicine.”

C-4 wants to be known as a medical clinic. Vought, Goldwyn, and Potter work as a team and exchange information. They know that a patient with MS would probably benefit from *cannabis indica*, whereas a patient with a nervous disorder might get a better response from *cannabis sativa*. For someone with Crohn’s disease, they’d recommend a variety high in cannabidiol (CBD). “We want patients to have affordable access to marijuana and to have a place where they will have quality product,” says Goldwyn.

What does “C-4” mean? “It doesn’t mean anything,” Goldwyn says.

The Treecity Health Collective website is ganjamamas.com. Besides being memorable, the URL lets prospective customers know that director Dori Edwards is a rarity: a woman in a business that so far has been dominated by men.

Edwards, thirty-eight, used to be director of the West African Drum and Dance Ensemble. The group (six drummers, four dancers) performed at school assemblies around the state until public arts funding dried up. Now she runs a dispensary in a small house on S. State with receptionist Angeli Pattera (twenty-eight and striking in shorts and high heels) and photographer-turned-budtender Joshua Devault, twenty-five.

Previously a Waldorf teacher at the Rudolf Steiner School of Ann Arbor, Edwards



J. ADRIAN WYLIE

Dori Edwards’ website—ganjamamas.com—lets visitors know that her dispensary is woman-run. The former dancer and teacher invested \$40,000 of her own money and countless hours before opening in a small house on S. State.

also offers spa services like massage and cultivates a holistic ambiance. The surroundings are clean and well tended, and tea is served.

The clinic had a “soft opening” August 1 and a grand opening October 2. Membership is 300 and growing. Edwards says that many of her first-time patients are nervous—they’ve never before been able to enter a clinic, express their needs, and receive an alternative medication. But her broker, landlord, and lawyer are all on board with her mission, as is every neighbor she’s spoken to.

Edwards, who lives near Pittsfield Village, is the mother of ten- and fourteen-year-olds, both of whom she homeschooled in their early years. She says she put more than \$40,000 of her own money into opening the clinic, along with countless hours. Her biggest monthly expense is security, with cameras and sensors and a specially placed “panic button.” “Jewelry stores are robbed,” she says, “and we might be, too.”

She purchases her medication strictly from Michigan producers, and can, on sight, distinguish *cannabis sativa* from *cannabis indica*. “With back pain,” she says, “I prefer *indica*. To get relief from stress, *sativa*.”

As I’m leaving, Edwards tells a story about tossing Vicodin out of the window—not hers, but her mother-in-law’s. The mother-in-law had been taking various painkillers, and Edwards could see her health and mood deteriorating. Edwards gave her a tincture of cannabis mixed with glycerin and told her to put it under her tongue with an eyedropper. “The brain, liver, stomach, and kidneys all have receptors,” she says, “and the effect is usually immediate.” Her mother-in-law, she says, eventually threw out all her prescription medicine. “Yes, we threaten Big Pharm.”

Half a mile east of Treecity, Chuck Ream’s clinic, Med Mar, occupies a former aquarium store on Packard just past Stadium. He meets me at the Caribou Coffee on the corner.

“It’s a difficult business model because we’re dealing in such small amounts, ounces, less than 3 ounces,” Ream ex-

plains. “And we have to verify how much each patient receives, so it’s very easy to be nonprofit.”

At Med Mar, as elsewhere, caregivers can provide a patient with no more than 2.5 ounces at a time. A state identification card and another valid ID must be presented. Med Mar has ironclad rules: all bags checked, one visit per day, no children left unattended, no cell phone usage, one car per patient in the parking lot ... and many more. Then, says Ream, “We can’t even use words like ‘buy’ and ‘sell.’ It is a given in the industry that people no longer smoke; they ‘medicate.’”

Ream says he’s careful to “acquire only the amount that the caregiver is legally allowed to possess.” The cost, he says, “averages about \$250 per ounce for very high-quality, closely manicured, medical-grade dried cannabis flowers.” The margin between that wholesale “compensation” and the patient’s retail “donation” is what keeps the clinics in business.

Med Mar has about 300 members and, like many other clinics, is open seven days a week. Wednesday is supposed to be “doctor day,” with a physician on hand to evaluate prospective patients. But so far, Ream says, few doctors are willing to “cross the line” and recommend medical marijuana, so that’s been suspended for the moment.

Ream passionately believes that materialism is leading to the “end of civilization.” He agrees with the late LSD advocate Tim Leary that America and the world need a change of consciousness, that there is a need for more harmony, less aggression. He tells an anecdote about how THC was added to an aquarium housing a “fighting fish,” and the fish was no longer aggressive.

For Ream, the clinics are the fruition of decades of work to legalize medical marijuana. Still, even he concedes that some patients may be taking advantage of the MMA, faking illness to get a recommendation for a drug they enjoy but don’t need.

“Some are going to game the system, but at least they’re highly regulated and they’re going to get a quality product,” Ream says. “And now the sick people have an opportunity to get relief.” ■