

Honorable Chair and Committee Members,

My name is Dr. Thomas Minahan and I am an emergency room physician at one of the busiest regional trauma and burn centers in California. I have served as Program Director for the hospital's Emergency Medicine residency program for the last 10 years. At work I consistently see the harmful affects of drug abuse, the results of which typically fills up my trauma room on Saturday nights.

Today I address you not as a doctor, but as a dad. I am grateful to have this opportunity not only to share my family's experience, but to also speak for countless families across our great country. We simply seek a better life for our sick children.

My 12 year-old daughter Mallory had her first seizure when she was 14-months old. We immediately saw a pediatric neurologist and had all the necessary testing performed. Over the next 10 years Mallory's seizures persisted, despite trying about a dozen medications. In desperation we tried many "alternative" therapies, all with no success. During one dark period we even entertained surgical resection of part of her brain.

In August of 2013, Mallory was experiencing 30-40 seizures a month and as many as up to a dozen in a night. It was typical for us to put a diaper on our functional 11-year-old daughter when going to bed. And every morning, we would go into her room and dreadfully put our hand on her chest to ensure she was still breathing.

We are fortunate that my daughter has had the ability to see the world's best physicians for the treatment of her epilepsy. But even with their expertise, no prescribed medications kept her seizures under control and allowed her to have any quality of life. Some medications had such toxic side effects that my wife and I often wondered if it was better for her to just try and live with constant seizures.

Our day of reckoning came when our world-renowned Epilepsy specialist suggested we "try" a drug called Felbatol. This medication has the potential "black box" side effect of aplastic anemia, which essentially shuts down one's bone marrow production of blood. The incidence of death if someone is affected by this is 20-30%. As a physician faced with giving his daughter this potentially deadly medicine, I just couldn't bring myself to risk my daughter's life.

It was around this time that a family member suggested we try an oil extracted from the marijuana plant that can be ingested orally. "Come on," I thought. The medicinal "excuse" for marijuana use is just a "ruse for recreational drug abuse."

Now, you have to know that I am very conservative. My personal lifelong beliefs and my professional experience up to this point made me the biggest skeptic you could ever imagine. However, out of desperation, I started to investigate it.

Because marijuana is currently listed as a “Schedule I” drug, there are very few professional studies with reliable data about its effectiveness. Sadly, as a physician, almost all of my initial education on this subject came from social media sites and from communicating with other parents of epileptic children who were sharing success stories of treating their kids with cannabis oil.

Again and again I found reports that many kids had showed improvement after taking the oil, and that there was not a high risk of death with using marijuana. Importantly, this particular type of marijuana oil had a very low THC content, so there was no “high” associated with taking it. And it wasn’t smoked. It was ingested.

Reluctantly, cautiously, and knowing that we really didn’t have too many options left, we started my daughter on it. She took the oil every eight hours. To our surprise, almost immediately my daughter demonstrated amazing results.

Today, a year and a half after starting Mallory on cannabis oil, she has had a decrease in her seizure frequency by 90%. She’s more alert than ever before, and she’s back in school for the first time in three years. We truly feel that thanks to cannabis oil, we have our daughter back.

I’m often asked what my ultimate dream is in regards to this subject. My answer is simple – rescheduling this drug to a lower category would allow greater research and development opportunities, which could ultimately result in kids like Mallory having safe and regulated access to this life changing medicine.

In closing, I want to thank you for this opportunity to share our story. When I received the invitation to appear before this committee, I immediately thought how neat it would be to bring Mallory with me, introduce her to you and have her experience this once in a lifetime opportunity. But then I realized that this would not be possible without breaking the law. You see, Mallory and many kids like her cannot legally travel or cross state lines because their medication is against the law on a federal level.

It took an educated leap of faith for me to get where I am today on this subject, and I urge you to keep an open mind as you look into this matter because our kids’ lives are truly in your hands. On behalf of Mallory and all families dealing with these issues on a daily basis, I thank you for your consideration, and for addressing this very difficult subject on a federal level.