

Claudia Jensen, MD

Claudia Jensen left us this year. She died of breast cancer September 15. She was only in the September of her life.

“I am a 49-year-old mother of two teenage daughters,” is how Claudia described herself to a Congressional subcommittee in April 2004, “and a physician educated at the University of Arkansas for both undergraduate and medical schools. I studied Pediatrics at the University of California at Irvine, completing my internship and residency training in 1981. I have a total of 23 years working as a pediatrician, first as an HMO physician with Cigna HealthPlans, then in private practice in Ventura, CA.

“I currently work two days a week in a small community clinic serving a poor patient population, three days a week in my own private office, and I teach first-year medical students one day a week at the University of Southern California Keck School of Medicine. I have always had a reputation for being a patient advocate since the very beginning of my training.”

Claudia didn’t tell how her protest on behalf of patients getting inadequate care had cost her a job with an HMO in 1995. Or that the patients she saw at the community clinic were mainly Spanish-speaking, and that she spoke perfect Spanish.

The chair of the subcommittee, Mark Souder (Rep.-Indiana), had invited Jensen to testify after seeing a *Los Angeles Times* story about her having recommended marijuana use by adolescents with “Attention Deficit Disorder.” She had been urged by the Marijuana Policy Project to decline the invitation. The Washington-based strategists foresaw negative publicity. Souder had also invited Dr. Phillip Leveque, the Oregon osteopath who had written about 1/3 of the approximately 12,000 approval letters submitted to the state-run program. Warned by MPP that Souder was planning an “ambush,” Leveque agreed to stay away.

But Jensen would not be turned around. She was looking forward to bringing her daughters to Washington, which they’d never seen, and to recounting some case studies involving teenagers who could function normally thanks to cannabis.

A few weeks later your correspondent took the red-eye from Oakland to Dulles and an airport shuttle to the hotel where Claudia and her daughters, then 16 and 13, were in the all-important make-up phase of the morning. The girls were brilliant, self-confident, and very keen to see Freddy Adu, the young soccer star who had just been signed by a U.S. team. We took a cab to the NORML office where someone who knew the ropes (Allen St. Pierre, if memory serves) gave Claudia advice and reassurance. Then on to the hearing.

As the Great Playwright would have it, Dr. Jensen found a seat in the crowded gallery next to Joan Jerzak, the Chief of the Medical Board of California’s Enforcement Division, who had also come as a witness. They struck up a conversation, which soon became convivial. I thought about going over to advise Jensen that anything she said might be held against her. (The MBC at the time was investigating Jensen for approving cannabis use by three ADD patients.)

When they were called to testify, Jensen and Jerzak again sat next to one another at the witness table. They looked like sisters —two big, sensuous strawberry blondes.

Dear United States Government...

Opening statement of Claudia Jensen, MD, to the Government Reform Subcommittee on Criminal Justice, Drug Policy and Human Resources, 4/1/04.

I was not an advocate of using medical marijuana. However, I was forced into taking responsibility for caring for some patients a few years ago because of the suffering that I saw. They were patients with no money and were unable to seek the aid of some other physicians because they had transportation difficulties.

So I called the medical board and I asked for some guidance on how to do this and found that there really weren’t systems set up to help physicians yet. But I elected to go ahead and try and help these people anyway. And since then, I have found that this is one of the most fascinating and challenging fields of medicine that I’ve ever been involved in. I have learned so much and I have seen so much that I felt compelled to come and talk to you about it today.

And I greatly appreciate you asking me to come. In specific, you asked me about treating children with attention deficit hyperactivity disorder. To make it clear, I have only two patients in my practice that have used cannabis for that problem as children. Both of their parents came to me and asked me to help their kids. Both of those children had very, very serious functional problems in school. One of them was also a social

deviant to some level. He was unable to stay in a normal classroom and he had very serious anger management issues not quite on the level of Columbine, but he had trouble at home and at school in maintaining his behavior.

He had been tried on all of the usual drugs that we use to treat for ADD, which basically are the amphetamines, which I find very concerning that we treat adolescents who have authority-issue problems with drugs that cause them to have mood swings and irritability and lack of appetite, which affects their nutritional status, reduces their ability to sleep properly and are well known to cause seizures, can trigger mental illness, et cetera.

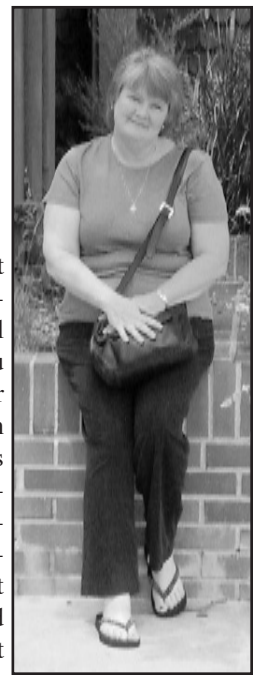
Perhaps only small numbers of people are affected negatively by the amphetamines, but there are some. There are other drugs to use for ADD, but they are off label. They have not been studied in children —for example, Wellbutrin and then some of the anti depressants. It says very clearly in the PDR nothing about treating children with ADD with those drugs. And yet, physicians all over the U.S. do that. In this country, we spend over \$1 billion annually on giving kids drugs for ADD.

Now in doing research for this presentation, I discovered that Ameri-

cans have spent billions of dollars on medical marijuana. You stated in your papers that in 1999 Americans spent \$10.6 billion buying marijuana. My feeling is that that money should be diverted out

of the black market. It should not be funneled into criminal sources. It should be diverted into healthcare management systems, teach physicians, give the regulatory boards the tools that they need to be able to do it properly, have the money funneled into public health systems, and use cannabis as a medication under the guidance of physicians rather than the free-for-all that it is now.

It is clearly not regulated. The American people are not obeying the government. And I really feel that with what you are doing today, perhaps we can rectify this. And I am here to answer any questions that you have —that I could—that might facilitate that process.



Taps

Claudia and I first met in April 2002 at a now-defunct Oakland pot club widely known as “The Third Floor.” We had both been recruited to screen patients by Larry Kristich, the club’s very unusual owner who had turned it into the busiest in the Bay Area after less than a year of operation. I now realize that the volume at Larry’s club is what allowed me to pick up on the patterns in the histories of pot smokers which suggested that many of the younger ones were almost certainly treating Attention Deficit Disorder.



When I discussed it with Claudia, she didn’t disagree, but expressed great interest —a response which, I would learn over time, was very unusual for a cannabis specialist.

Claudia was not simply a “potdoc.” She was a university-trained pediatrician who had been specializing in

Adolescent Medicine, and she taught a course in clinical medicine at the University of Southern California School of Medicine.

Back then, she’d just taken on her HMO [Garden Valley Medical Group] over an ethical issue and been made to suffer financially. She had great courage and charisma and —the word is greatly overused but it applies to her— compassion.

I don’t know who inspired the other more as far as ADD and pot are concerned; all I know is that we shared our insights and enthusiasm. It was therefore personally disappointing when she (very quickly) became busy enough in Ventura to give up her week-end trips to Oakland.

She was invited by Rep. Mark Souder to testify before his subcommittee in April, 2004, almost certainly with the

idea of making an issue of her recommendations of pot use by a few adolescents. However, Claudia acquitted herself so well the plan backfired and Fox News downplayed her testimony, while its rival at MSNBC gleefully picked up on it. Those with a desire to see her in action can find her interview with Keith Olbermann on the web.

Claudia had been pressured by certain reformers not to testify because they feared she would be embarrassed by Souder over her cannabis recommendations. The self-appointed medical experts who tried to dissuade her are typical of drug-policy reform advocates who have come to believe they know more about clinical medicine than California physicians who have dealt with patients one-on-one for years.

I will miss Claudia and mourn the contributions she wasn’t given the time to make. **Tom O’Connell, MD**

Jensen’s testimony was from the heart. She defended her recommendations of cannabis for several patients with attention deficit disorder. She could have avoided the subject until the Q&A session but she told it as a success story.

Claudia countered that she, too, wished that she didn’t have to conduct her own studies.

Souder was not initially hostile and seemed sincere when he thanked her for coming. During the Q&A, however, the gentleman from Eli Lilly expressed shock and disapproval that Claudia was relying strictly on feedback from patients rather than established medical authority. Claudia countered that she, too, wished that she didn’t have to conduct her own studies. She won every exchange.

A few weeks later she gave an interview to Keith Olbermann on MSNBC.

His questions were respectful and her answers were articulate and on-point. The take-home message was: cannabis is a safer and more effective alternative to Ritalin.

Goodnight, Dear Girl

Dr. Jensen was convinced that Chief Jerzak’s retirement from the medical board about a year after their Congressional appearance was a result of federal pressure. Jensen contacted Jerzak, who said that she’d quit because she wanted to spend more time with her husband and to travel. Jensen didn’t quite believe her. “She wouldn’t work her whole career to become chief and then just quit,” was Claudia’s theory.

Our last correspondence was in early August. A reader had asked for advice about using cannabis to deal with insomnia. Claudia answered, “Those who have anxiety tend to use an inhaled indica (preferably one dose) within half an hour of desired sleep onset. The patients who

wake up in the night I have using indica edibles. Unfortunately (and fortunately), it is very strain dependent. Each patient has to search for his/her best mix. I have one patient who has to use a high-grade sativa to enhance sleep onset.”

She lived in Capitstrano Beach and we’d go months without being in touch, so I don’t miss her acutely. In fact, I can’t even believe she’s gone. It’s so cruel. Sometimes all an atheist can say is... God help us now.

