# WAR WITHOUT END

PHOTO ILLUSTRATION BY **DARREN BRAUN**

*by* **William Martin**

As veterans return home from combat in the Middle East, many struggle to leave their experiences behind. They are sleepless, anxious, and angry, and medications often make the situation worse. No wonder a growing number of former soldiers are turning to a treatment that makes them criminals in Texas: **marijuana.**

**Dave spent 21 years in the Army,** served in both Desert Storm and Operation Iraqi Freedom, and retired at the rank of major.* As a communications officer for the support command of the 1st Cavalry Division, he was stationed near Baghdad when the insurgency was inflicting heavy casualties on coalition troops in 2004 and 2005. "I was in the operations center at Taji [a base just north of Baghdad] for twelve to sixteen hours a day, hearing the war on radios and watching it on computers," he told me. "Every detail of everything that happened in Baghdad." The first casualty he heard about was a soldier in a Humvee who had his face blown off by an IED that was hanging from an overpass in a soda can. Not long after, he briefed a first lieutenant fresh out of college. A few hours later, the young officer's supply convoy ran over an IED that took her leg off at the knee. ¶ "A lot of people got killed at Taji," Dave said. "We were under constant bombardment from rockets and mortars. You never knew when it would come. A mortar destroyed my sleeping quarters at a time when I would normally have been taking a nap after a shift. A barrage of rockets slaughtered a cluster of Arkansas guardsmen gathered outside a bunker to smoke. The survivors were all screaming and crying at seeing their comrades blown apart, but their first sergeant started yelling, 'Stop crying! This is how God makes us strong.'"

Several months after returning to Texas, Dave checked himself into the mental health clinic at his military base. "I couldn't sleep," he said. "I was hypervigilant all the time. I bought guns for every room in my house and carried one everywhere I went. I pulled a gun on a salesman who came to my house one night after dark. I was having dangerous outbursts over trivial issues. I was drinking heavily. I was overdoing prescription drugs for pain." He began riding his motorcycle recklessly and found himself thinking about the night in Iraq when he put his 9mm pistol in his mouth. "I thought of my wife and couldn't do it," he said.

Doctors diagnosed Dave with post-traumatic stress disorder and prescribed powerful psychotropic drugs, which created a new set of problems. "They made me feel like a zombie," he said. "I stopped being myself. Then I met some people who were smoking marijuana, so I started smoking. I noticed that the better quality marijuana I used, the less drinking I did and the less meds I needed. I would get a wonderful sense of well-being." He thought he had discovered something new, but then he started reading about marijuana on the Internet and talking to other veterans. "Guess what? Everybody had the same story," he said. Dave volunteered to become the veterans' liaison for a chapter of the National Organization for the Reform of Marijuana Laws (NORML). "My email exploded," he said. "It's amazing how many vets are using marijuana as an alternative to their meds."

**Tom joined the military** right out of high school, in 2000; earned the rank of staff sergeant; and placed first in his class at a leadership school for noncommissioned officers. His job specialty was photography, and when he deployed to Iraq, in 2007, his primary mission was to investigate and document IED blast sites—photographing vehicles, bodies, and other damage. "While it wasn't Special Forces shoot-'em-up, it definitely had an impact," he told me. "It affected how I slept. How I dreamt. How I saw the world." It also left physical scars. As a result of being in close proximity to so many controlled detonations of IEDs, he developed internal scar tissue in his abdomen that caused nerve damage and left him with severe pain.

During a respite in Germany, where his wife was able to join him, doctors prescribed as many as eleven medications at once for his pain, insomnia, and anxiety. "Looking back on it now," he said, "I think I was a full-blown drug addict, but I really did my damnedest to be a decent soldier." In 2009 he volunteered for deployment to Afghanistan, where he worked as a combat camera asset for troops in three provinces. But his symptoms continued, and a year later doctors increased both the number and dosage of his meds. After returning to Germany in 2010, Tom set up a "kill room" in his garage, where he intended to hang

* THE FULL NAMES OF THE VETERANS IN THIS ARTICLE, ALL OF WHOM LIVE IN TEXAS, HAVE BEEN WITHHELD TO PROTECT THEIR PRIVACY.

**ABOVE: Dave on Thanksgiving Day 2004 outside the tactical operations center of the 1st Cavalry Support Command at Taji. BELOW: Marchers participating in a global legalization rally at the Tarrant County courthouse in May 2014.**

himself. He put one length of chain over an I-beam and another around his neck, and he found a carabiner he could use to connect them when the time came. "I'm pretty meticulous when I plan shit," he explained. One afternoon, when he was staring up at the chain and wondering how he would look hanging there for his wife to find, a buddy opened the garage door. "He kind of flipped out. He asked me what I was doing and why," he said. That was when his friend offered him a joint. "That evening, I went outside and smoked it. My wife was upset with me, but I went upstairs and immediately fell asleep for the first time in a long while."

Tom began to smoke every day until he was snared by a random drug test, which cost him a stripe. After a torturous few months that included surgery to remove some of his damaged nerves, he was discharged in March 2012. Back in Texas, both he and his wife found stable jobs. He learned where to buy marijuana and experimented with strains and dosages until he found what worked best for both his pain and his PTSD. "The first thing I do when I get home from work," he said, "is take a couple of tugs on my vaporizer and, boom, I'm great. I'm ready to play with my children. Cannabis makes me a better father. I still have pain and occasional nightmares, but I'm doing much, much better."

RALLY PHOTOGRAPH BY **DARREN BRAUN**

**Myst was never in combat,** but she was a repeated victim of sexual assault—the "invisible war," as it has come to be known—throughout her service in the Navy, from 1976 to 1980. (Myst is the pseudonym she uses on her blog.) Within two weeks of her arrival at Naval Air Station Whiting Field, in Florida, she was raped and beaten by a student pilot in the Iranian air force who was stationed at the base. (Iran was still an ally in those days.) While in sick bay, a superior told her that the pilot had diplomatic immunity and warned her not to talk about the assault.

Not long after her recovery, she was attacked again, this time by her supervisor. She was closing up the base auto shop late at night when he came up behind her, put his hand over her mouth, and then forced her to give him oral sex. "He then zipped up, threw a dirty shop towel at me, and told me not to tell anyone," she said. "He was buddies with the division chief and the commanding officer, so I gave up. That lasted for almost two years. I became his personal sex slave."

When Myst left the Navy at the end of her tour, she found she couldn't cope

with the trauma she had endured. "I was pretty screwed up. I wouldn't talk about it. I thought about suicide," she said. Then her uncle told her a story about the horrors he had witnessed at Normandy on D-day. After the intense fighting, he told her, some French soldiers shared a joint with him. It helped him deal with what he had seen that day, and he had used it ever since. "So he pulled out a joint, and I smoked it with him," Myst said. "He told me he thought it might keep me from drinking myself to death. Almost all my family is dead from alcohol. Only the cannabis smokers are alive and kicking and doing well."

**Josh was an Army sniper** who served two tours in Iraq and one in Afghanistan. "I saw my share of combat," he said. "My first team leader, a real close friend, was shot by a sniper soon after we arrived. I was right next to him when it happened. Then a couple more buddies. A compound we occupied in the Sunni Triangle got hit by a truck carrying five hundred pounds of explosives." His second deployment in Iraq was quieter, but a 2011 turn in Afghanistan was filled with close combat. "When we went on foot patrols, the Taliban would shoot at us. They attacked our compound every day, once in the morning and once just before dark, guaranteed. One morning, a grenade landed in the compound and hit me and five other guys. We were medevaced out, got the shrapnel removed, and a month later went right back into the fight."

Reflecting on his experiences, Josh explained, "When you are surrounded by like-minded people and all your buddies have PTSD, you don't think it's abnormal. Back home, without my buddies, I had a lot of anxiety and a real problem with anger that I couldn't control. Anything set me off." Josh had smoked a little marijuana before the military. "When I got out, I tried it again. I didn't want to be a pilled-up zombie. I saw the difference right away. My mood was more level, I didn't flip out, and I could sleep through the night. It's my medicine."

**Most people have heard** that smoking marijuana can relieve nausea in cancer patients undergoing chemotherapy, stimulate the appetites of people with AIDS, control muscle spasms associated with multiple sclerosis, relieve eye pressure caused by glaucoma, reduce seizures in children with epilepsy, and lessen chronic pain. The scientific research supporting these uses is limited, but extensive anecdotal evidence, compassionate concern, and commonsense pragmatism have led a majority of Americans to say they favor allowing people with legitimate medical needs to obtain cannabis with a physician's recommendation. In Texas, only 23 percent of those polled in a recent survey said they thought marijuana should remain illegal; most would support making it available either for medical use or in small quantities for general consumption. Dave, Tom, Myst, and Josh are among thousands of veterans who belong to such organizations as Veterans for Medical Cannabis Access and can attest that marijuana provides an alternative to dependence on alcohol and prescription drugs.

In 1996 California became the first state to legalize the use of marijuana for patients with a recommendation from a California-licensed physician. Today, twenty states and the District of Columbia have some system of allowing access to medical cannabis, with several others expected to join them this year. In more than a dozen of these medical marijuana states, campaigns are under way to either legalize marijuana use by adults or decriminalize it, which means lessening the associated penalties. And when voters in Washington State and Colorado chose to legalize recreational use of marijuana in the November 2012 elections, they volunteered to become guinea pigs for the rest of the nation in the first large-scale experiments to determine whether legalized pot is noble, noxious, or neutral, with the outcome still to be determined.

In Texas, however, former soldiers who risked their lives to serve their country are committing a crime when they use marijuana to find relief from the physical and psychological pain resulting from their service. Legalizing cannabis, whether for medical or recreational use, won't restore missing limbs or heal skin scarred by fire, but it can help wounded veterans live a more normal life. That is no small thing in Texas, a state with fifteen military bases and nearly 1.6 million veterans, almost 500,000 of whom took part in the Iraq and Afghanistan wars. Another 527,000 served in Vietnam, a conflict thought to have caused PTSD in more than 30 percent of its combatants.

The label "PTSD" originated in the mid-seventies to describe problems experienced by Vietnam veterans, but the phenomenon is much older. Soldiers in earlier wars spoke of shell shock, battle fatigue, combat stress, and flashbacks. According to the fifth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders,* released in 2013, PTSD is triggered by "exposure to actual or threatened death, serious injury, or sexual violation." Exposure may result from personally experiencing or witnessing a traumatizing event, learning that a close friend or family member has been a victim, or repeatedly hearing or studying the details of such traumas. Symptoms include reexperiencing the event through flashbacks or nightmares, insomnia, depression, the inability to talk about the memories, estrangement and isolation from family and friends, self-blame, irritability, anxiety, fear, hypervigilance, anger, aggression, and reckless or self-destructive behavior.

A recent poll by the *Washington Post* and the Kaiser Family Foundation found that more than 40 percent of Iraq and Afghanistan veterans display signs of mental and emotional health problems characteristic of PTSD. Why so many? It may be that society is simply more aware of the problem than ever before. Without a name to call their distress, veterans of earlier conflicts buried their memories and terrors deep inside, refusing to talk about their combat experiences at all. On the other hand, the Iraq and Afghanistan campaigns may have exposed participants to unprecedented psychological stress. First, there is the sheer length of these military operations and the resultant strain of multiple deployments. More than 2.5 million American military personnel have served in the wars in Iraq and Afghanistan since 2001. More than 940,000 soldiers have deployed at least twice; 400,000 have done three or more tours. There is also the difficulty of identifying the enemy in battles without traditional fronts, the unrelenting exposure to attacks and IEDs, and the lack of conviction that their sacrifice will produce a satisfactory conclusion. Without diminishing the horrors of other wars, it's reasonable to conclude that all of these factors may well have combined to produce an unprecedented rise in the incidence and prevalence of PTSD.

Tragically, one consequence has been the alarming number of veterans who have taken their own lives. A 2012 study by the Department of Veterans Affairs reported that veterans were committing suicide at a rate of between 18 and 22 per day, though the authors candidly acknowledged that their study probably undercounted the actual number of veteran suicides. That same year, the *Austin American-Statesman* examined the deaths of 345 Texas veterans of the Iraq and Afghanistan wars who had sought VA benefits. Of the 266 veterans for whom they had adequate information, reporters found that "more than one in three died from a drug overdose, a fatal combination of drugs, or suicide." Of the 50 who died in motor vehicle accidents, 35

were single-vehicle crashes, a recognized means of suicide. Of the 46 veterans who died who had a primary diagnosis of PTSD, 80 percent lost their lives as a result of a confirmed suicide, an overdose, or a single-vehicle crash.

"It's just not normal to fear for your life every day, see guys around you get killed, and feel constant fear," said Josh. "Back in the civilian world, that doesn't go away." Like a growing number of vets, Josh avoids calling his stress a disorder. "If you went through what we went through and *don't* have PTSD, you have a disorder. There is something wrong upstairs." Although female soldiers attempt or commit suicide less often than their brothers in arms, if they have been raped by a fellow serviceman or superior officer, they are six times more likely than civilian women to do so. Brian Kinsella, the co-founder and CEO of Stop Soldier Suicide, worries about what is coming in the aftermath of the two longest wars in American history. "A tidal wave of veteran suicides is approaching, and we have to be prepared to help these men and women in the fight of their lives."

**A VA report released** in late 2013 found that 310,746 veterans of the Iraq and Afghanistan wars had sought treatment for PTSD in VA hospitals and Vet Centers. The typical treatment options include powerful opioid painkillers such as Vicodin and Percocet, antidepressants such as Paxil and Zoloft, and sleeping pills such as Ambien. Even though prescriptions of these drugs in VA hospitals rose dramatically from 2001 to 2012, many VA physicians acknowledge that they not only fail to control PTSD but can also be deadly, particularly when used in combination with alcohol or one another.

Marinol, an FDA-approved pharmaceutical containing synthetic tetrahydrocannabinol (THC), the compound in marijuana that produces the "high," works reasonably well. However, the best medicine available for some patients appears to be cannabis itself, which contains more than sixty cannabinoids, chemicals unique to the cannabis plant. One of the most common of these, cannabidiol (CBD), can reduce inflammation, pain, and anxiety and help mitigate painful memories. It can also reduce or offset THC's psychoactive effects. It seems that the components of this plant work better together than in isolation. Raphael Mechoulam, the Israeli professor of medicinal chemistry who identified THC as the primary psychoactive agent in cannabis in 1964 and pioneered the study of CBD and other cannabinoids and their effect on the brain, calls this the "entourage effect."

An increasing number of growers in the United States are developing strains with lower THC and higher CBD and are working to target specific medical conditions. A British company called GW Pharmaceuticals has developed Sativex, a CBD-rich medicine available in eleven countries as a treatment for muscle spasms, seizures, and chronic pain. The key to its effectiveness, the company is convinced, is that the drug is manufactured using extracts from the whole plant.

Despite Sativex's success, it cannot be sold in the United States. The Controlled Substances Act, passed by Congress in 1970, placed various drugs into five categories, or "schedules," that ostensibly indicate their relative benefits and dangers, as determined by the Food and Drug Administration and the Drug Enforcement Administration. Marijuana's categorization places it in curious company. Schedule I contains substances that have "no currently accepted medical use in treatment in the United States" and "a high potential for abuse." The list of Schedule I drugs includes heroin, LSD, Ecstasy, quaaludes, and cannabis. Schedule II drugs, which have a high potential for abuse but also have recognized medical uses, include morphine, methadone, oxycodone, and fentanyl. Fentanyl, used to treat severe pain, is approximately one hundred times more potent than morphine and has caused a number of deaths from respiratory failure. No one has ever died from an overdose of marijuana.

Given the considerable evidence that cannabis has substantial medicinal benefits, how can federal agencies continue to assert that it has no medical use? The answer is a maddening conundrum: those same federal agencies for years refused to permit the scientific research needed to prove once and for all that it does. Obtaining a government grant to fund research into the possible benefits of cannabis requires FDA approval, which is extremely difficult to get. And if permission is granted, the cannabis used for such research must come from the federally run farm on the campus of the University of Mississippi. Access to the Ole Miss pot farm is controlled by the National Institute on Drug Abuse (NIDA), which rarely shares its stash with anyone interested in finding beneficial uses for cannabis. The American Medical Association, the American College of Physicians, the Institute of Medicine, and a host of other medical and scientific groups in this country and internationally have called for more research into the therapeutic benefits of cannabis. NIDA has consistently declined to participate. As one spokesperson put it, "Our focus is primarily on the negative consequences of marijuana use. We generally do not fund research focused on the potential beneficial medical effects of marijuana."

That may be changing. In March, after years of resistance, NIDA finally agreed to provide cannabis to researchers at the University of Arizona College of Medicine, who are working with the Multidisciplinary Association for Psychedelic Studies to assess pot's potential for treating PTSD in veterans.

Only ten medical marijuana states currently regard PTSD as a qualifying condition for a doctor to recommend the drug. New Mexico was the first state to do so, in 2009. Today, more than 40 percent of enrollees in New Mexico's medical marijuana program list PTSD as their primary condition, a higher percentage than any of the eighteen other qualifying conditions. Could they be feigning their symptoms? Jessica Gelay, a medical marijuana specialist in the New Mexico office of the Drug Policy Alliance, doubts it. "It's a tightly regulated program. They have to be interviewed by a psychiatrist or a psychiatric nurse practitioner. It would be considerably easier to get your cannabis illegally than to game the system."

Before 2010, veterans would lose their right to VA health services if they were found to be using any illegal substance, including marijuana, and VA physicians were not allowed even to discuss cannabis with their patients. That year, at the urging of groups such as Veterans for Medical Cannabis Access, the VA issued a directive that vets who are registered patients in a state-sanctioned medical marijuana program can continue their use without losing access to VA treatment or other benefits. In states like Texas that do not allow medical marijuana, vets are out of luck. When it comes to treating PTSD, VA physicians manifest a range of views and practices. The predominant response by far is to prescribe pills—and then more pills. Mack, a veteran who spent ten years in the Air Force, recalled, "I would go to the VA, and they would hand out prescription medicine like Skittles. The amount of medications you would get was just unbelievable." After some of his friends did a "reverse drug intervention," he found cannabis to be "amazingly effective."

Of course, cannabis can be abused too, but advocates argue that, unlike alcohol, it is not a threat to public safety. An older combat veteran from Killeen, near Fort Hood, who did not want his name used in

this story, described going on a night-shift ride-along with a police patrol officer one weekend. "Every call we went to that night was drunk soldiers," he recalled. "Soldiers threatening their wives or neighbors with a weapon, soldiers facing off with each other after drinking all night. I'd bet every one of those soldiers has PTSD."

Though Ivan Lopez was apparently sober on April 2 when he went on a shooting rampage at Fort Hood, killing three fellow soldiers and wounding sixteen people before taking his own life, he was being treated for depression and anxiety and evaluated for PTSD. Among the drugs he was taking was Ambien, whose side effects can include irritability, paranoia, and a tendency to overreact emotionally.

Myst, who has used cannabis for decades, has seen a wide range of attitudes toward the drug among VA medical personnel, from California doctors who strongly favored it to a Texas doctor whose knowledge of the drug seemed to come from watching *Reefer Madness.* When she mentioned her "California medicine" to one Texas therapist, though, she replied, "That's the best medicine there is for PTSD. I wish I could supply it."

**Openness to changing** marijuana laws no longer automatically marks a person as a radical. Nor does it reliably predict where you are on the political spectrum. George Soros and the Koch brothers favor legalization, as do the organizations they heavily fund, the Open Society Foundations and the Cato Institute, respectively. Grover Norquist and Richard Branson line up on the same side on this issue, as do George Shultz and Paul Volcker. *The Nation, The Economist,* and the *Wall Street Journal* have all repeatedly called for drug policy reform. More Democrats than Republicans support changes in marijuana laws, but 41 percent of attendees at this year's Conservative Political Action Conference, held in Washington, D.C., in March, said they favored full legalization of marijuana, and an additional 21 percent would legalize it for medical purposes. The attendees' top choice for president, Rand Paul, has said he thinks marijuana will lower users' IQs but doesn't believe they should go to jail. Presidents George W. Bush and Barack Obama have both acknowledged they have smoked pot. And at the World Economic Forum, in Davos, Switzerland, in January, Governor Rick Perry said he favored some form of decriminalization of marijuana and had no objection to other states' deciding to fully legalize its use.

Among other prominent Texas politicians, however, attitudes fall along predictable lines. Democratic candidate for governor Wendy Davis told the *Dallas Morning News* that she also favors lowering the penalties for possession of small amounts of the drug and believes medical marijuana should be allowed. But her Republican opponent, Attorney General Greg Abbott, says he "supports Texas's current drug laws." State senator Dan Patrick, currently in a runoff with incumbent David Dewhurst to be the Republican candidate for lieutenant governor, called changing marijuana laws in Texas "a nonstarter" during a televised debate in January. Dewhurst said, "I would not legalize it. I would not decriminalize it." Democratic state senator Leticia Van de Putte, who will face either Patrick or Dewhurst in November, is "open to the idea of reducing charges brought against individuals arrested with small quantities of marijuana" and "to discussing potential ways in which marijuana can provide medical benefits," according to a spokesperson.

Supporters of legalization in Washington and Colorado were able to gather enough signatures to get initiatives placed on the ballot and let voters decide directly. Alaska, Florida, Oregon, and Washington, D.C., also have ballot initiatives well under way. But Texas has no initiative or referendum process, so reforms must go through the Legislature, where marijuana is a much tougher sell. Modest efforts to change marijuana laws during the 2013 legislative session came to naught, but advocates, including some key national players, are planning a much more robust effort for the 2015 session. Rob Kampia, the co-founder and executive director of the Marijuana Policy Project, has played a central role in organizing legalization efforts and drafting laws in other states, including many of the medical marijuana states and, notably, Colorado. Kampia has spent half of the past year living in Austin, working with the ACLU, the Drug Policy Alliance, NORML, Law Enforcement Against Prohibition, and smaller advocacy groups such as Mothers Against Teen Violence, Texans for Medical Marijuana, and Republicans Against Marijuana Prohibition. This coalition has raised the money to hire a seasoned lobbyist to work the Legislature for the rest of 2014 and through the 2015 session. The plan is to persuade legislators to introduce three bills, one each for decriminalization, medical marijuana, and legalization for recreational use.

Almost no one involved, including Kampia, expects Texas to repeal marijuana prohibition in 2015. There are many hurdles along the way; legislators might scuttle a bill either out of genuine opposition or fear of reprisal from their constituents or financial backers. Still, organizers have overcome difficult obstacles in other states. "Public opinion polling shows that most Texans support marijuana policy reform, but paradoxically, many of these reformers believe they're all alone," Kampia noted. "If they would knock on their neighbors' doors and talk about marijuana, they'd find that most of their neighbors agree that the government's war on marijuana users should be rolled back." Kampia likes to remind people that both medical marijuana and marijuana decriminalization have higher approval ratings than most politicians do. "By the summer of 2017, we expect marijuana to be taxed and regulated like alcohol in sixteen states," he predicted. "This wave of reform will make it easier to do the same thing in Texas during the 2019 legislative session."

That optimism is shared by others working alongside Kampia, such as Cheyanne Weldon, the executive director of the Austin chapter of NORML. On a freezing Wednesday night in January, Weldon urged sixty or seventy supporters at the group's monthly gathering, at the Flamingo Cantina on Sixth Street, to be patient, to recognize that major change is likely to be incremental, and to avoid all-or-nothing dogmatism when talking to people, especially legislators, about the need to change drug laws. "Check out what bills legislators sponsor so you know what they are concerned about," she recommended. "If it's education, show them it costs about nine thousand dollars to educate a student for a year in Texas, but we spend ten thousand dollars for each minor drug possession arrest. If they are interested in agriculture, focus on how legalizing marijuana and hemp could save struggling farmers. If it's safety, emphasize that pot is safer than alcohol. If medical patients come first, focus on that."

Veterans could play a significant role in changing minds at the Capitol. Some legislators may not know anyone who has used cannabis to deal with cancer or MS or epileptic seizures, but they all have veterans in their districts, and current data indicate that at least a fifth of them have PTSD. Many others suffer from traumatic brain injury and chronic pain. Tristan Tucker, a Navy veteran who directs the Dallas–Fort Worth chapter of NORML, spends a lot of time working with other vets, especially those who are homeless or confined to the VA hospital. He helps them negotiate the VA system and, as the occasion arises, explains to them that "life can go on, and sometimes

all you need is a little plant in your life to help get you there." He also spends time lobbying legislators. "We are in a Republican state, and Republicans typically love taking care of our veterans, so what better opportunity is there for a veteran to get his story heard?"

While some vets may have entered military service to avoid prosecution for minor offenses, a great many are straight arrows with respect for the law and a firm belief in obeying the rules. Not being able to legally access the medicine they know works best for them puts them at both physical and psychological risk. Mack, the Air Force veteran, said, "I think of it as a private act of civil disobedience that harms no one—unless it's discovered. If you're caught traveling down the road with that stuff in your vehicle, it can trigger a chain of events that incarcerates users, destroys families, and erases fortunes." Myst said, "Cannabis smokers that I know are very, very, very careful." She has two sources for the drug: one friend who grows "a little bit" for her and another who is able to get it from dispensaries in California and Colorado. "I don't ask him how. I just hug him and bless him. They both know I'll go without rather than buy it from a cartel. That's my bottom line."

Josh, the former sniper, is impatient for change. "I am not a criminal," he said, "and I don't want to get a criminal record. I served my country. I am a full-time college student. This is my medicine. I hate the fact that there is a stigma, and I want to do whatever I can to push for legalization to get that stigma off." And Dave, the Army veteran and NORML member, thinks that he and his veteran friends are ready for deployment to the state capitol and that legislators will listen. "When a guy has done four tours in Iraq, like some of our people, and been wounded in action, it's hard to look him in the eye and call him a slacker pothead," he said. "People in Texas respect veterans, so let's stand up and tell our story."

▼ TM TALKS

**On June 18, William Martin will participate in a public forum about this story at Rice University's James A. Baker III Institute for Public Policy. For more information, go to texasmonthly.com/rsvp/tmtalksptsd.**