

Prepared Statement of

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For the

General Assembly

State of Connecticut

Hearing on

***S.B. No. 1015 AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA**

***H.B. No. 6566 (RAISED) AN ACT CONCERNING THE COMPASSIONATE USE OF
MARIJUANA**

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Ladies and Gentlemen of the General Assembly of the State of Connecticut, thank you for this chance to speak about the effects of PTSD and the prospective palliative prescription of medical marijuana for its treatment.

I served in peace and combat for more than 18 years on active duty and in the active reserves. I did a combat tour in Iraq from 2004 – 2005 as an advisor to the Iraqi army. I built, trained, and led in combat the first Iraqi army battalion trained by the US military. During my year in Iraq, my unit saw extensive intense combat. My unit was the only Iraqi army battalion that made the actual breach during the 2nd battle of Fallujah from Nov – Dec 2004; and we spent 6 weeks in urban combat, the longest duration of any Iraqi unit. The advisor unit had 50% casualties, the highest of any advisor unit; the Iraqi battalion had 2 killed and 32 wounded, or 10% casualties, the highest of any Iraqi unit in the battle.

I was wounded on 11 Nov 2004 by a rocket-propelled grenade. I declined to be medevacked. I remained in the city in combat until my unit was properly relieved on 20 Dec 2004. I was subsequently awarded two Bronze Star medals for valor in the face of the enemy and meritorious service in combat, a Purple Heart, and I was recognized by the Iraqi government with the Order of the Lion of Babylon award.

I had a difficult return home. I have no memory of the first year I was back. I struggled at work, in my military unit, and in my personal life. After several violent and traumatic incidents more than a year after I returned, I was finally diagnosed with Traumatic Brain Injury and Severe Post Traumatic Stress Disorder, received appropriate treatment and rehabilitation, was medically retired from the Marine Corps with the rank of Lieutenant Colonel, and received a significant disability rating from the Dept of Veterans Affairs.

Dealing with TBI and PTSD has taken over my life. I average four doctor or therapy appointments a week. It is a rare day that I do not have an appointment with a medical professional attendant to either TBI or PTSD. I presently take six separate daily medications to regulate and mitigate my TBI, PTSD, and gastro-intestinal symptoms. I also have to administer a monthly shot to myself. I believe I would be incapacitated without the medications.

I always wanted to complete a career in the Marine Corps. I had more than 13 years of active service, and more than 15 years of combined active and reserve service. I was forced to the reluctant conclusion, that I would not be able to complete my career as a result of my wounds. I understand that physically and mentally I don't have the ability I once did. I understand that these are the fortunes of war.

Treatment for PTSD is different for everyone. For me, it's been a combination of individual and group therapy, plus medication, plus neurological therapy for TBI, plus becoming an advocate on veterans issues. I don't believe that "PTSD" can ever be cured nor do I believe that any one protocol or modality can "fix" PTSD, simply because trauma can never be undone. However, there is some evidence that medical marijuana

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can be effective in the treatment of PTSD in veterans. As they are on many veterans issues, the nation of Israel actually is the most progressive country in the world on this issue. Israel recognizes the palliative effect of medical marijuana on symptoms of PTSD in veterans, and prescribes it for veterans suffering from PTSD.

The state of the art includes 71 studies about the medical efficacy of marijuana. The majority of them (33, or 47%) are favorable, one-third (24, or 33%) are inconclusive, and only one-fifth (14, or 20%) are negative. Fifteen states have laws allowing the medical prescription of marijuana; 12 states are presently considering medical marijuana laws.

PTSD is a life-long and debilitating disability. I believe a medical professional has an obligation to use all the tools at his/her disposal to treat a suffering patient. Indeed, medical professionals routinely prescribe controlled substances and drugs for suffering patients. There is no reason at all to discriminate against veterans by denying them the palliative and/or compassionate prescription of medical marijuana to mitigate their suffering. I believe that we here in CT can help ease the debilitating effects and suffering of veterans by providing every resource and tool to facilitate the veterans post-combat, post-military transition into civilian life.