MDMA and a couple struggling with cancer: Sue’s final letter

Hello,

I recently lost my fiancé, Shane, to cancer after a long battle. It has been trying on those who were close to him. It has also been a very fulfilling event, due in part to MDMA sessions we went through to seek to accept his death and relieve the emotional pain and hardships we encountered as the result of his terminal illness. While we had only three sessions with MDMA, they were life-changing. Our story has been published for all to read in the MAPS Bulletin since the first experience three years ago.

Taking MDMA together was the best decision we could have ever made in regards to the cancer. We discussed this many times before his death last week. Shane’s very long obituary concluded with a request at the end; in his memory, in lieu of flowers, we asked that people support the MDMA research going on for people facing cancer. Unfortunately, not many people knew of what we had done to be able to deal with his cancer in such a positive way, nor had they ever heard of MDMA. We were lucky enough to have a beautiful friend who designed pamphlets to distribute at the service that outlined the research and why we both support it so strongly. Through this, over 100 people were made aware of the research, the need for research and how it helped us in less than a one hour time span. Grandparents, aunts, uncles, people who had never even heard that marijuana could aid a cancer patient... all were made aware of crucial MDMA research going on to help others.

There is such a need for recognition of this wonderful research and its potential to change the lives of those facing terminal illness. The spectacular people fighting the cause need the help of all of us out there to bring it to a positive light. Among people who read Shane’s obituary, some have sent checks who had no clue what we were asking, but donated out of respect, others donated out of love, while others donated out of genuine care for the program and the help it could bring. There are enough of us out there that can help bring awareness. Nobody knows if someday they could be facing all that we did. Hopefully they never will, but in the event they do, it should be feasible that they have this readily available to them, unlike how we had to “break the law” to help our anguish.

I plead to you now. Please, bring light to the research going on in a positive way. Make others aware of the importance of helping terminal patients and their loved ones with acceptance and love... despite what they are facing. Please help fight for the rights of those who are scared and hurting. If you lose a loved one, or someone whom maybe you didn’t even know personally... instead of flowers make a donation in their name—out of love for them and love for your own life and that of your loved ones—to a program that helps cure the pain.

Please, don’t let Shane’s death go in vain. We benefitted so much from this, you may have a day when you need this also.

Thank you and warm hugs to all.
The night when we decided to do this...
Since our second MDMA session, Shane’s discomfort had intensified, and with it the need to increase his pain medication. Since the multitudes of drugs had begun to surge through his system, he became a bit distant on more than an occasional basis. This was from the physical pain, the medications and a bit of fear thrown in. He had repeatedly expressed to me recently that he was terrified of my not being “ok” when he passed. We shared this fear equally. A wedge is the only way to describe recent distancing. During this third session, the wedge was removed and we felt nothing but closeness. The talking with each other flowed freely and non-stop, something that we hadn’t had in a long time due to the pain he had been in and the closed up feeling that accompanied it. Gone—no more shell around him, and no more treading lightly on my part—just closeness and communication.

A miracle of pain relief

Shane’s health had deteriorated drastically, as I said. Walking had become a chore for him. Sitting comfortably was a thing of the past. This video of our session shows what we deem a miracle. In the first two hours, Shane is clearly physically uncomfortable. That diminishes as time passes until suddenly he is pain-free. I’m not talking the mental/emotional pain that we knew would be gone; physically he had zero pain. We didn’t expect this at all. He would be up and walking around with no wobble, no holding his back, and no wincing as pain hit. He even “hammered it up” for the camera as he virtually jogged towards the kitchen, leaning into the lens of the camcorder telling the world that he didn’t hurt. No amount of morphine had been able to accomplish this and he had been living for a long time hurting to a harsh degree. I can’t even begin to express our happiness at this. This night allowed him one night of normalcy that neither of us had felt in a long time. Tears come to my eyes as I write that because I had watched this strong man crumble physically over the past months and suddenly it was a step back in time for us. The cancer was gone, the pain... destroyed. We questioned this for a few days after the session, but, “Why ask why?”

We enjoyed approximately 5-6 hours free of physical and mental pain. We joked, we loved fully, we talked like we hadn’t seen each other in years and had much catching up to do. We would suddenly stop talking just to look at each other and feel... cancer free. We had attempted to make this a session about the cancer, and sought to videotape a learning experience for not only us, but for everyone that we would honor by allowing them to view our night together on this tape. But how can you address a disease that felt eradicated? MDMA allowed us that night to do what our oncologist hadn’t been able to do. To kill the disease entirely... if only for a night.

Eventually we allowed the tape to stop and as the drug wore off we opted for privacy and intimacy that we would rather not share with anyone on video. We though it may be our last night of it. Normally a private person, I’m not afraid to share that while we had gone almost a year with no physical intimacy due to pain and medications... we were almost able to achieve it that night. More than physical love, what the camera missed was the
I would like to thank everyone for their support and encouragement. I am so grateful for all of the love and kindness that has been shown to me. It means so much to know that I am not alone.

Wishing you all the best.

[Signature]

[Date]
MAPS Annual Report

Fiscal Year 98-99, June 1, 1998 – May 31, 1999

Rick Dobin

Fiscal Year June 1, 1998 — May 31, 1999 (FY 98-99) was another year of significant accomplishments. More than twice as much money was devoted to educational projects than to research projects, due in part to continued struggles to obtain permission for research. Staff time was more evenly divided between educational and research efforts, primarily because working to resolve and overcome bureaucratic obstacles to research requires more time and effort than money.

MAPS' efforts on behalf of research bore fruit this summer—after the close of MAPS' FY 98-99—with three FDA decisions which we reported in the last Bulletin (Vol. IX No. 3). First, the FDA approved MAPS' application to have marijuana designated an Orphan Drug for AIDS wasting. Second, the FDA approved Dr. Ethan Russo's MAPS-supported marijuana/migraine protocol. Finally, the FDA decided to permit Dr. Charles Grob to move forward with a MAPS-supported study of MDMA in cancer patients, with the exact protocol design still to be negotiated.

Financially, total expenditures of $280,194 in MAPS' FY 98-99 were essentially the same as the $288,548 spent in FY 97-98, permitting MAPS to continue to support a wide variety of projects. Income was substantially greater in FY 98-99, rising to $308,743 from $227,637, primarily due to an increase in large grants restricted to specific projects. MAPS' membership still continues to grow gradually and reached 1850 with our target of 2500 members still to be obtained.

MAPS' net assets were $351,701 as of May 31, 1999. Of this amount, $80,000 is restricted to specific research and educational projects. These sums need to be subtracted from net assets when considering MAPS' unrestricted funds available for new projects or organizational expenses. MAPS' goal as a non-profit organization is not to increase its net assets, but to advance its mission. Nevertheless, having some net assets gives MAPS the ability to commit to support high-priority projects and gives a measure of stability in the face of fluctuating contributions from its membership.

As in previous years, MAPS' statement of income and expenses is published in the Bulletin along with a detailed explanation of the individual expense items. In this way, MAPS members can review exactly how their donations were allocated and what expenses were incurred. This report is an invitation for dialogue; MAPS members are encouraged to review it and share with the staff any comments, suggestions or questions that they would like to offer. MAPS will continue to