


FEDERAL COURT

BETWEEN:

SERVICE OF A TRUE COPY
HEREOF ADMITTED

NEIL ALLARD
TANYA BEEMISH
DAVID HEBERT
SHAWN DAVEY

JAN 09 2015

WILLIAM F. PENTNEY / 
Solicitor for
A.G.C.
PLAINTIFFS

FEDERAL COURT
COUR FÉDÉRALE
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JAN 09 2015

AND: Date _____
Registrar _____
Greiffier _____


HER MAJESTY THE QUEEN IN RIGHT OF CANADA

DEFENDANTS

AFFIDAVIT OF TANYA BEEMISH

I, TANYA LOUISE BEEMISH, Disability pensioner, c/o Conroy & Company, 2459 Pauline Street, Abbotsford, British Columbia, MAKE OATH AND SAY AS FOLLOWS, THAT:

1. I am one of the Plaintiffs herein and as such I have personal knowledge of the matters and facts hereinafter deposed to save and except where same are stated to be made on information and belief in which case I verily believe them to be true.
2. That my evidence in chief as a Plaintiff in this case consists of my affidavit, sworn August 12, 2014 at the City of Vancouver, BC before John W. Conroy, Q.C. and containing Exhibits "a" and "b" that was filed in these proceedings on January 31st, 2014 in support of the application for an interim/interlocutory injunction pending trial, and my Affidavit, sworn August 14th, 2014 at New Westminster, BC before John W. Conroy, Q.C. responding to the Defendants examination for discovery questions, to which my first affidavit of January 13th, 2014, referred to above is attached as Exhibit "A" together

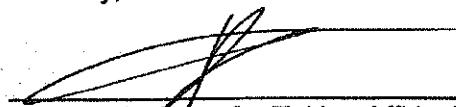
with its Exhibits "a" and "b" and then to which are further attached as a further exhibit to that Affidavit "B".

3. That I am very ill and am spending most of my time in the Royal Columbian Hospital or rarely on my mother's couch in the Whalley area of Surrey, BC. I am having to consume hydromorphone, fentanyl, lyrica and other pain killers on a regular basis with attendant horrible side effects. I found the use of cannabis in various forms to be effective for me and do not understand why the government and the court has prevented me, with the assistance of my spouse, David, from being able to produce cannabis cheaply for me to greatly assist my health and relieve my symptoms compared to present circumstances forcing me to have him go to the illicit market, risking his liberty and reputation, to obtain some cannabis from time to time to provide me with relief from my situation.

4. I have read the update about our situation that my spouse David has added to his affidavit and I agree with it, and adopt it as part of my affidavit.

5. That I swear this affidavit as my evidence in chief for the Plaintiffs in these proceedings.

SWORN BEFORE ME at the City)
 of New Westminster, in the Province of)
 British Columbia, this 8th day of)
 January, 2015.)


 _____)
 A Commissioner for Taking Affidavits in)
 and for the Province of British Columbia)


Matthew J. Sackson
~~JOHN W. CONROY, Q.C.~~
 Barrister & Solicitor
 Conroy & Company
 2459 Pauline Street
 Abbotsford, BC V2S 3S1
 Telephone: 604-852-5110
 Facsimile: 604-859-3361

Tanya Beemish

 TANYA BEEMISH

EXHIBIT "A"

This is Exhibit "A" referred to in the Affidavit
of Tanya Beemish, sworn before me at
New Westminster BC this 8th day of January,
2015.


A commissioner for taking affidavits
For British Columbia

FEDERAL COURT

BETWEEN:

NEIL ALLARD
TANYA BEEMISH
DAVID HEBERT
SHAWN DAVEY

SERVICE OF A TRUE COPY
HEREOF ADMITTED

THIS.....15.....DAY OF

AUGUST 20 14

WILLIAM F. FENTRECH

Solicitor for

A.G.C.
PLAINTIFFS

AND:

HER MAJESTY THE QUEEN IN RIGHT OF CANADA

DEFENDANTS

AFFIDAVIT OF TANYA BEEMISH

I, TANYA LOUISE BEEMISH, Disability pensioner, c/o Conroy & Company, 2459 Pauline Street, Abbotsford, British Columbia, MAKE OATH AND SAY AS FOLLOWS, IN ANSWER TO THE QUESTIONS ASKED, THAT:

I. Background

1. Please provide answers to the following questions regarding your background information:

(a) What is your level of education?

Grade 11. See paragraph 3 to my previous Affidavit attached as Exhibit "A" to this Affidavit.

(b) What is your occupation? If you are currently retired or a disability pensioner, please provide your previous occupation.

Barista at Starbucks but the last two and a half years I have been disabled and since moving in October 2013 I am now currently hospitalized 90% of the time. See paragraph 3 to Exhibit "A" attached hereto

II. Health and the use of marijuana for medical purposes**2. Please generally describe your medical history.**

Diabetes type 1 and gastroparesis. See paragraphs 4 and 5 of Exhibit "A" attached hereto.

3. When did you first use marijuana for medical purposes? Please fully describe the circumstances of how you decided to use marijuana for medical purposes, including by whom it was recommended/suggested and whether you were authorized by Health Canada to use marijuana for medical purposes at that time

I do not recall, I used it before and it seemed to provide some relief from nausea and lack of appetite and because I was experiencing these symptoms I tried it again for relief from those symptoms.

4. Please set out the period(s) (month, year) during which you have been authorized by Health Canada to use marijuana for medical purposes and, for each of the period(s), provide the following information:

- (a) all of the condition(s) and/or symptom(s) the marijuana was intended to address;
- (b) the number of doctor(s) you consulted regarding these condition(s) and/or symptom(s);
- (c) the name(s) of the doctor(s) who authorized your use of marijuana for medical purposes;
- (d) the name(s) of any doctor(s) who refused to authorize your use of marijuana for medical purposes;
- (e) how long you had been a patient of each authorizing doctor at the time he/she authorized your use of marijuana for medical purposes;
- (f) how much money you paid to each authorizing doctor for his or her authorization of your use of marijuana for medical purposes; and
- (g) the amount of marijuana you were authorized to use and how that amount was determined.

On the advice of counsel I object to answering these questions about my medical history beyond what information that I have already provided and that is in the possession of Health Canada. Please see paragraphs 5,7,8 – 13 of my previous Affidavit marked as Exhibit "A" hereto. I have been in and out of the hospital since 2011' and I have seen so many doctors and heard so much contradictory information.. I am attaching as an Exhibit "B" a copy of my September 2013 MMAR Form B2 from Dr. Wallace that Health Canada refused to process due to the address change issue.

5. **Please provide details of the condition(s) and/or symptom(s) set out in your answer to question 4(a) above, including when you were first diagnosed and by whom, who recommended marijuana for medical purposes as treatment for these condition(s) and/or symptom(s), and the impact of these condition(s) and/or symptom(s) on your quality of life.**

Dr. Wallace agreed that cannabis might give me relief in 2012 when my gastroparesis completely disabled me. Previously Dr. Fong was the first to tell me I had gastroparesis as a complication of diabetes in 2005 . See paragraphs 5 through 13 of my previous affidavit marked Exhibit "A" attached hereto.

6. **Please fully describe how the effect(s) of the condition(s) and/or symptom(s) set out in your answer to question 4(a) above impact your ability to cultivate marijuana and how you deal with this.**

I do not cultivate cannabis My common law spouse does, I would be unable to.

7. **Please describe all the treatments you have undertaken to address the condition(s) and/or symptom(s) set out in your answer to question 4(a) above other than marijuana for medical purposes, including: drugs, surgeries, physiotherapy, massage, exercise, acupuncture, etc. Please describe the effectiveness of and any side effects you experienced from these treatment(s).**

I have taken every type of pain and anti emetic medication out there while in hospital. I have been treated like a guinea pig and have had very severe and acute reactions to drugs not even approved in Canada forced on me while admitted to hospital. See also paragraphs 4 through 13 of Exhibit "A".

8. **Have you ever used cannabinoid-based medications, such as Nabilone or Sativex to address the condition(s) and/or symptom(s) set out in your answer to question 4(a) above? If no, why?**

Yes nabilone. However it had no effect on my symptoms or condition.

9. **Please describe the effectiveness of and any side effects you have experienced from using marijuana for medical purposes.**

Helps me with appetite, mood, nausea, slight reduction in nerve pain and sleep. Side effects are hunger, dry mouth, sleepiness and happiness.

10. **During the period(s) for which you were authorized by Health Canada to use marijuana for medical purposes:**

- (a) **How often did you meet with the authorizing doctor(s) to check-in, follow-up and/or consult on your ongoing use of marijuana for medical purposes?**
- (b) **At these visits, what topics were discussed?**
- (c) **How long did these visits last, on average?**
- (d) **Did the doctor(s) recommend any alternative treatments to using marijuana for medical purposes? If so, why?**
- (e) **Did the doctor(s) ever advise you of any concerns with respect to the use of marijuana for medical purposes? If so, please describe those concerns.**
- (f) **Did the doctor(s) ever recommend that you cease the use of marijuana for medical purposes or reduce the dose of marijuana for medical purposes? If so, provide details of the discussion(s) and explain why.**
- (g) **On what date did you last consult with a doctor regarding your use of marijuana for medical purposes?**
- (h) **Did you discuss with the doctor(s) the use of a particular strain of marijuana for medical purposes? If so, provide details of the discussion(s) and any recommendation(s) made by the doctor(s).**

Again, on the advice of counsel, I object to providing any further information about

my medical history, beyond what I have already provided, on grounds of irrelevance to the issues in these proceedings. I see Dr. Wallace regularly while hospitalized and this topic rarely comes up as there are more serious things to discuss than cannabis in my life. Most other doctors are uncomfortable or hostile to cannabis use.

11. **When you began using marijuana for medical purposes, how, on what basis, and by whom was it determined what the appropriate dose should be?**

Dr. Wallace had no idea and asked if five grams per day sounded reasonable and it has been enough most days.

12. **During the period(s) for which you were authorized by Health Canada to use marijuana for medical purposes, did you see any doctor(s) other than the doctor(s) who authorized your use of marijuana for medical purposes? If so:**

- (a) **Did any of those other doctors know about your use of marijuana for medical purposes?**
- (b) **Did any of those other doctors have any concerns about your use of marijuana for medical purposes? If so, please describe those concerns.**
- (c) **Please provide the name(s) of that/those concerned doctor(s) and fully describe the concerns.**

Again, on the advice of counsel, I object to providing any further information about my medical history, beyond what I have already provided, on grounds of irrelevance to the issues in these proceedings. I have seen so many doctors that it is impossible to respond to this question. The majority would rather I took opiates and experimental drugs that cause me endless grief rather than discuss anything other than the evils of cannabis even though I have never experienced any of the harms they allege from smoking or vaporizing cannabis.

13. **During the period(s) for which you were authorized by Health Canada to use marijuana for medical purposes:**

- (a) **Has your dosage of marijuana for medical purposes changed?**

No.

- (b) **If so, why, how, on what basis, and by whom was it determined that your dose of marijuana for medical purposes should increase or decrease?**

not applicable

- (c) **If a change in dosage was not authorized by the same doctor who authorized the previous dosage, please explain why the change was authorized by a different doctor.**

not applicable

14. **Will you provide us with authorization to obtain your medical and drug history? If so, please complete the enclosed "Authorization to Release Medical Records" form. If no, why not?**

No. Again, on the advice of counsel, I object to providing any further information about my medical history, beyond what I have already provided, on grounds of irrelevance to the issues in these proceedings.

15. **Will you provide us with authorization to speak to all of the doctor(s) referenced in your answers to these questions? If no, why not?**

No on grounds of irrelevancy and on the advice of counsel.

III. **Particulars of marijuana use**

16. **When did you first use marijuana? Was it for medical or non-medical purposes? If you have ever used marijuana for non-medical purposes, please describe the approximate date(s), frequency, quantity and methods (i.e. smoked, eaten, juiced, etc.) by which you did so.**

I used it occasionally at around 17 to 18 years of age.

17. **Please list the strains of marijuana for medical purposes you presently use and the strains you have used in the past. Do you know the THC/CBD**

content of the strain(s) you have used or currently use? If so, what is it and how do you know?

In the past we have one main strain White berry which was very effective currently we use whatever we can get through black-market market at a reasonable price (less than four dollars a gram)

18. **Have you tested the various strains of marijuana that you use to determine their cannabinoid content (THC/CBD)? If so, please explain when and where this testing was done, if the testing was done by a recognized methodology, if the testing was done by an accredited laboratory, and produce any documentary evidence of this testing.**

No. I do not know how and where I can do that and how much it would cost.

19. **How did you obtain the strains of marijuana that you have cultivated?**

Seeds were purchased at the Vancouver seed Bank and clones from black market.

20. **Please explain, for each strain of marijuana for medical purposes that you presently use and have used in the past:**

- (a) **Why you chose to use that particular strain; and**
- (b) **Whether you discussed the use of the particular strain with a medical practitioner.**

It was more random luck or trial and error and we came across one strain that was much more successful/effective in helping me with my nausea. Most medical practitioners are probably not aware of different strains as we were barely aware of them so I did not discuss with them.

21. **How did you and/or your doctor(s) assess the effectiveness of the different strains of marijuana that you have used/cultivated?**

The doctor just sent me off to figure it out on my own by trial and error.

22. **Please describe the efforts you have made, including when you made them, to determine if any licensed producers offer your preferred strain(s) (or an**

equivalent strain(s) in regard to the THC/CBC content of your preferred strain(s)). Please produce any documentation evidencing these efforts.

We cannot afford to use the Cannabis the LP's are producing due to their prices and the ones that we did look into on their website were either not accepting customers or had no product available. We have no faith in the current system due to the stories we have read and heard about including the various problems.

23. When you began using marijuana for medical purposes, how and on what basis did you determine what method(s) of administration (i.e. smoked, vapourized, juiced, etc.) to use?

(a) In particular, did you discuss the method of administration with a doctor and, if so, provide details of the discussion(s) and any recommendation(s) made by the doctor(s).

(b) Did you discuss this with anyone other than a doctor? If so, with whom?

Doctor discussed vaporizing as the best option however smoking joints has the best effects on nausea. Discussed and researched with various sources online and in stores that sold vaporizers and other smoking devices.

24. Has your method of administration changed over time? If so, how and why? Was this change discussed with your doctor?

No

25. Please describe the methods of administration of marijuana that you currently use in a typical day including the frequency and quantities (in grams) in which you use them.

Often I smoked one joint when I wake up in the morning if I feel particularly nauseous although some days I will get up and work around and have food long before that. On other days I will continuously smoke joints and have a vaporizer running all day long to help me with my chronic nausea and pain in my stomach. Mostly I am in the hospital and have no access. I have no access to edibles or juice anymore as we cannot produce so therefore I'm stuck on opiate pain killers while admitted to hospital.

26. Please describe any extraction and/or transformation processes that you undertake in respect of your marijuana (for example, to convert dried

marijuana into other forms or to produce different kinds of marijuana products such as tea, juice, cookies, etc.) the part(s) of the plant that you use in these processes, and how/where you learned to undertake these processes.

I relied on my spouse David Hebert who was my designated grower when we had our permits.

IV. Financial (Income, Expenses, Assets, and Liabilities)

27. **What is your yearly household income from all sources for the past five years (i.e., from January 2009 to the present)? Please outline the income by source (including employment, business, investments, rentals, gifts, government assistance [i.e., disability payments, social assistance], etc.) and provide all supporting documentation, including copies of all income tax filings and notices of assessment/reassessment.**

I am on a Canada Pension Plan disability of \$598.73 /per month which was incread to \$619/moth earlier this year..See paragraphs 3 and 4 of Exhibit"A" and David Hebert's answers for other household expense details.

28. **Please list and value all of your current assets (e.g., real estate, automobiles, investments, etc.) and liabilities (e.g., mortgages, loans, etc.) and the assets and liabilities of your spouse/partner (if applicable).**

I have a Samsung Galaxy S2 telephone and a laptop, I have no credit cards nor any debt. Please see David Hebert's answers for more details.

29. **Please provide particulars of your principal residence (e.g., single family detached house, duplex, apartment, mobile home, etc.), including its size and number of occupants.**

I live in 1000 square-foot home that is an old rancher in the worst part of Surrey with my common law spouse and caregiver who supports me as best he can .

30. **Please provide an itemized statement of your average monthly expenses, including:**

- (a) housing (e.g., rent, mortgage payments, maintenance, home insurance, property taxes, etc.);
- (b) utilities (e.g., electricity, natural gas, cable, internet, phone, cellular, water, etc.);
- (c) food and beverages (e.g., groceries, restaurant meals);
- (d) alcohol, tobacco and recreational drugs (both legal and illegal);
- (e) clothing;
- (f) transportation (e.g., car loan/lease payments, gasoline, car insurance, car maintenance, public transit fares, etc.);
- (g) discretionary spending (e.g., entertainment, hobbies, books, vacation travel, sports, recreation, etc.);
- (h) marijuana (to purchase);
- (i) marijuana (to grow); and
- (j) other medications.

Please see David Hebert's answers for these details as he looks after all of these matters for me.

31. Have you ever applied for and/or received any source of funding – insurance or otherwise – to cover the costs of producing or purchasing your marijuana? If so, please provide full particulars and relevant documentation.

No. I have no credit and am not eligible for loans.

V. Financial (Marijuana)

32. What equipment did you (or your designated producer) buy (or receive for free) in order to grow your marijuana plants? Please list and value all such equipment (e.g. lamps, de-humidifiers, CO2 tanks, timers, hydroponic equipment, filters, water drums, tubes, boxes, tubs, pots, etc.) and provide all supporting invoices, receipts and other documentation.

This is a question for David Hebert as he purchased all of the equipment, grew the cannabis and processed it. He is the income earner and takes care of every bill but my cellphone and I contribute \$400 a month in rent. He pays for all the

rest. See my previous affidavit Exhibit "A" generally and his answers to these questions in his previous and current affidavits.

33. **What structural work did you (or your designated producer) do or cause to have done in order to build the infrastructure in which to grow your marijuana plants (e.g., renovations, retrofitting, construction of particular indoor or outdoor structures, etc.)? Please list all work and provide all supporting invoices, receipts, permits and other documentation.**

See the answer to question 32 as it applies equally.

34. **Please itemize any tax credits and/or deductions you (or your designated producer) have claimed and/or received for any of the work you did or caused to be done relating to establishing and operating your marijuana home grow operation. Please provide all supporting documentation and explain how you calculated any tax credits and/or deductions.**

See the answer to question 32 again. I have no knowledge of any such credits etc

35. **How much have you (or your designated producer) spent purchasing marijuana plants and seeds for your marijuana grow operation? Please provide all supporting documentation.**

See the answer to question 32.

36. **If you (or your designated producer) have not spent any amounts to purchase marijuana plants and/or seeds, how and from where were they acquired?**

See the answer to question 32

37. **How much have you (or your designated producer) spent on growing supplies to grow your marijuana plants? Please list all items (e.g. soil, fertilizer, pesticides, nutrients, etc.) along with an explanation of the annual cost of each, with supporting documentation.**

See the answer to question 32.

38. If you (or your designated producer) have not spent any amounts on growing supplies, how and from where were they acquired?

See the answer to question 32.

39. Do you (or your designated producer) have any other marijuana growing/cultivation-related expenses that have not been covered by the questions posed or the answers that you have given? Please provide full particulars and all supporting documentation.

See the answer to question 32

40. Did you (or your designated producer) disclose the fact that you were growing your own marijuana to your home insurer?

- (a) If so, were you able to obtain home and/or property insurance to cover your marijuana growing operation?
- (b) If so, please explain your policy/ies, how much it/they cost(s), the risks it/they cover(s) (e.g., theft, fire, water damage, third party liability, etc.) and how it/they cover(s) activities related to your marijuana grow operation (e.g., limits, conditions, deductibles, etc.). Please provide copies of the policy/ies and all other relevant documentation.
- (c) If you were growing marijuana in premises that were rented, was your landlord aware of this? Please provide any supporting documentation.

See the answer to question 32. I have no knowledge about this.

41. How much do you (or your designated producer) pay for power/electricity every month to grow your marijuana? Please provide all supporting documentation (e.g., hydro bills for the periods before and after you set up your marijuana grow operation) and explain how you calculated the total spent.

See the answer to question 32

42. **How much do you (or your designated producer) pay for water every month to grow your marijuana? Please provide all supporting documentation (e.g., water bills for the periods before and after you set up your marijuana grow operation) and explain how you calculated the total spent.**

See the answer to question 32

43. **Do you (or your designated producer) have, or have you ever had, a security system in place to protect your marijuana? If so, describe it, including:**

- (a) **all security-related structures (e.g., fences, blinds, barbed wiring, etc.);**
- (b) **all security-related equipment (e.g., motion detectors, safes/storage facilities, alarms on all entrances and entry points including doors and windows, locks on all entrances and entry points including doors and windows, traps, guard dogs/animals [including number of dogs/animals and breed/type of each], cameras including numbers and where they are, vents that mask/capture the smell of the marijuana so that neighbours are not aware of the existence of a grow operation, etc);**
- (c) **what each security structure and piece of equipment does;**
- (d) **what the security equipment monitors, (e.g., the area that the camera or motion detector captures);**
- (e) **records kept by the equipment, (e.g., if recordings are kept of camera footage and if so for how long); and**
- (f) **how much you have spent (and how much you continue to spend) on it, including any system monitoring fees.**

Please provide all supporting documentation, including alarm certificate(s) and drawing(s) showing all of the above-described security features, and explain how you calculated the total amount spent on your security system.

See the answer to question 32. There were bars in the window and deadbolts on all the doors. We have dogs.

44. Do you (or your designated producer) keep, or have you ever kept, firearms or other weapons (e.g., batons, tasers, pepper spray, etc.) in your home? If so, have you ever had occasion to use any of these weapons to protect yourself at home? If so, provide details.

No. I do not own a gun nor any other weapons.

45. Describe how you (or your designated producer) have ensured that neighbours and the general public do not discover that you grow marijuana in your home. In particular, how do you prevent the smell of marijuana from escaping your growing operation and what equipment or structures you have built to conceal the marijuana you grow? How you dispose of any marijuana by-products so as not to reveal the presence of a marijuana growing operation in your home?

See the answer to question 32.

46. Have you moved since you started to grow your own marijuana?

- (a) If so, why, when, and from where?
- (b) Did you disclose the fact that you were growing marijuana before you sold/vacated your home (e.g., disclose this fact to your property manager or landlord, realtor/real estate agent, Multiple Listing Service (MLS,) the purchasers, mortgage broker, anyone else involved in the purchase or potential purchase of the home, etc.)? Please provide all supporting documentation detailing this disclosure.
- (c) If you did disclose that your home was used to grow marijuana, did you have to sell your home at a discount? If so, what was that discount? Please provide all supporting documentation and explain how the discount was calculated.

- (d) **Did you have your home inspected by a qualified professional (e.g., industrial hygienist, electrician, plumber, contractor, home inspector, etc.) before selling your home to ensure that there was no contamination from your marijuana growing operation? Please provide all supporting documentation, including the costs of any inspection(s) and any inspection report(s).**
- (e) **Did you have to renovate or remediate the home in which you grew marijuana in any way before selling/vacating it? If so, what work was done and how much did it cost? Please provide all documentation.**

Yes it cost us a great deal of grief to move and I've been in the hospital almost ever since. The stress of moving while sick because of the cost of living increase, from losing a roommate, being on disability, and all the costs incurred by the medical cannabis has pretty much lead me to remain in the hospital for the last six months out of nine. Please see paragraphs 14 through 16 of Exhibit "A". We were tenants not owners. Please see the answers given by David Hebert regarding the clean-up of the premises when we left.

VI. Cultivation

47. **Who cultivates the marijuana that you grow (e.g., you, a designated producer, family member, etc.), and who has done so in the past? Please provide full particulars.**

David Hebert my common law partner and caregiver, cultivated the cannabis.

48. **If you have changed producers or grow sites in the past, please fully explain why.**

Not applicable.

49. **How many hours per month does each cultivator spend to cultivate the marijuana?**

50 to 100 hours David Hebert estimates.

50. **Please provide details regarding the remuneration (money or otherwise) each cultivator receives for his or her cultivation work.**

David Hebert does it out of the goodness of his heart because he loves me and cares about me and my health.

51. **In order to value their labour, please provide, for each cultivator:**

- (a) **Profession and/or job title(s); and**
- (b) **The salary/remuneration that they receive from their jobs per hour of work (i.e., hourly salary; or, if remuneration is received over some other period [weekly, monthly, annually, etc.], salary divided by number of hours worked).**

N/A

52. **Describe the totality of your marijuana growing activities both currently and in the past, including:**

- (a) **the number of plants grown;**
- (b) **where the plants have been grown and a general description of the location (i.e. in your current home, any previous homes, a warehouse, an apartment/townhouse, etc.), including the lot size;**
- (c) **the equipment used (kind/type and quantity);**
- (d) **the fertilizer used (kind/type and quantity);**
- (e) **the pesticides used (kind/type and quantity);**
- (f) **how the plants are irrigated (e.g., describe the watering cycles used, etc.);**
- (g) **how the plants are provided with sufficient light (e.g., describe the lighting cycles used, etc.);**
- (h) **how the marijuana is dried;**
- (i) **how the plants are accounted for (i.e., how do you keep track of the number of plants grown);**
- (j) **how cross-contamination is prevented;**
- (k) **measures taken to ensure that no contaminants are spread outside of the growing area;**

- (l) what is done with extra plants and plant parts that are not consumed;
- (m) how any excess water runoff is drained from the production site and, if outdoors, where the drainage leads; and
- (n) how the production site is maintained/cleaned, by whom, how often, and with what chemicals.

See the answer to question 32 and the answers from David Hebert and my affidavit Exhibit "A" hereto.

53. Please provide any photographs or records (including logs, journals, spreadsheets, computer files, etc.) you have of your marijuana grow operation, including any photos of damage caused by it (e.g., water damage, mould, insects, fire damage, structural damages, etc.).

See the answers to question 32, my affidavit Exhibit "A" and the answers from David Hebert.

54. As far as you know, has there ever been any mould in your home while marijuana was being grown there? If so, provide details including the extent to which such mould was related to the growing of marijuana in your home.

No. The house was almost brand-new and it always smelled nice and clean. I never could smell the cannabis.

55. How many marijuana plants have you grown each year since you started cultivating? In particular, please provide details of the accounting system you employ to keep track of the number of plants grown, lost to disease, or otherwise disposed of.

See the answer to question 32, my previous affidavit Exhibit "A" and the answers of David Hebert in this regard.

56. Explain how much dried marijuana (in grams) you have produced each year since you started cultivating.

See the answers to question 32 and the other exhibits and answers as set out previously.

57. **Have you ever stored, possessed, or cultivated more marijuana than authorized by Health Canada? If so, how much more and when?**

No. See the answers to question 32 and the answers of David Hebert.

58. **Have you ever grown marijuana, or had someone grow marijuana for you, at a production site other than that approved by Health Canada?**

No.

59. **As far as you know, have your marijuana plants, including the soil, ever been affected by, or infested with, any kind of disease, insect, toxic mould or substance, or any other kind of sickness or infection? If so, please provide details including:**

- (a) **the nature of the issue;**
- (b) **when it occurred;**
- (c) **how many plants were lost;**
- (d) **how you disposed of the 'lost' plants; and**
- (e) **what steps (if any) you took to prevent a recurrence.**

Not as far as I know and I would be surprised given David Hebert's expertise. See the answers to question 32, my affidavit Exhibit "A" and David Hebert's answers

60. **Have you ever given away, sold, or otherwise traded any of the marijuana that you (or someone on your behalf) had cultivated? If so, please fully explain and describe the compensation your received, if any.**

No.

61. **Have you ever been approached by anyone to grow marijuana illegally? If so, please fully explain.**

No.

62. **Has anyone ever stolen or attempted to steal your marijuana? If so, please fully explain.**

No.

63. **How do you dispose the parts of your marijuana plants that you do not use (for example, leaves or stalks)?**

See the answer to question 32.

64. **How do you dispose of the materials you use to cultivate your marijuana (e.g., fertilizer, used water, used containers, used soil, used pesticide boxes/container, etc.)?**

See the answer question 32 and the other materials referred to.

65. **Have you ever had your marijuana tested for parasites or insect infestation, mould, toxins or other contaminants? If so, please provide full particulars (e.g., who performed the tests, when, for what purposes, cost of testing, what the results were, etc.) and all supporting documentation.**

I don't even know how to do this but see the answers to question 32 and the other materials referred to.

66. **Have you ever had your marijuana growing operation inspected by a qualified electrician? If so, please provide full particulars (e.g., who performed the inspection, when, for what purposes, cost of inspection, what the results were, etc.) and all supporting documentation.**

See the answers to question 32 and the other materials referred to.

67. **Have you ever had your marijuana growing operation inspected by a fire safety inspector? If so, please provide full particulars (e.g., who performed the inspection, when, for what purposes, cost of inspection, what the results were, etc.) and all supporting documentation.**

See the answers to question 32 and the other materials referred to..

68. **Has there ever been a fire at the location of your marijuana production site? If so, please fully describe the circumstances, including when it occurred, the cause of the fire, any damage caused by the fire, and provide any supporting documentation.**

No fire ever.

69. **Has any other individual ever inspected your residence? If so, please fully provide full particulars (e.g., who performed the inspection, when, for what purposes, cost of inspection, what the results were, etc.) and all supporting documentation.**

See the answers to question 32 and the other materials referred to..

70. **Have any children lived or been in your home since you began possessing marijuana for medical purposes? If so, please provide the following information along with the corresponding dates (month(s), year(s)):**

- (a) **the number of children present and their ages;**
- (b) **with respect to children not living in your home, the frequency and duration of their visits; and**
- (c) **the measures, if any, that you took to ensure that the children did not have access to any of your marijuana or marijuana extracts/products, and the costs associated with these measures if any.**

We have no children.No children were ever in the production site in the garage to my knowledge.

71. **How did you learn to cultivate marijuana? In particular, have you ever taken any courses in subject matters that have assisted you in cultivating marijuana (e.g., agriculture, horticulture, botany, gardening, electrical training, etc.)? If so, please provide details (course name, institution attended, dates, cost, etc.) and any supporting documentation.**

See the answers to question 32 and the other materials referred to.

COURT / TRIBUNAL
FEDERAL COURT
Copie du document
Copy of Document
Déposé / Filed
Reçu / Received

No. T-2030-13

FEDERAL COURT

Date: JAN 31 2014

BETWEEN:

This is ~~certified~~ ^{sworn} ~~to be~~ ^{by} NEIL ALLARD
the affidavit of Tanya Beemish TANYA BEEMISH
sworn before me at New Westminster DAVID HEBERT
this 14th day of Aug. 2014 SHAWN DAVEY

Joan
A Commissioner for Taking Affidavits
for British Columbia

SERVICE OF A TRUE COPY
HEREOF ADMITTED
THIS 31st DAY OF
January 2014
William F. Patney / cs
Solicitor for A.G.C.
PLAINTIFFS

AND:

HER MAJESTY THE QUEEN IN RIGHT OF CANADA

DEFENDANTS

AFFIDAVIT OF TANYA BEEMISH

I, TANYA LOUISE BEEMISH, Disability pensioner, c/o Conroy & Company, 2459 Pauline Street, Abbotsford, British Columbia, MAKE OATH AND SAY AS FOLLOWS, THAT:

1. I am one of the Plaintiffs herein and as such I have personal knowledge of the matters and facts hereinafter deposed to save and except where same are stated to be made on information and belief in which case I verily believe them to be true.
2. I am 27 years old, born in 1986 in Vancouver, British Columbia, Canada and I reside in Surrey, British Columbia with my common law husband David Hebert and we have no children.
3. I have a grade 10 education from New Westminster Secondary School, BC and continued my education at Columbia Square Adult Learning Center when able to do so

and am currently enrolled in grade 11 and 12 courses. My work experience is as a barista and I have no criminal record. I have been on sick leave since June 2012.

4. I am on a Canada Pension Plan disability pension since December 2012 of \$596.73 a month due to suffering from type 1 diabetes diagnosed in June 2000 and gastroparesis, diagnosed in 2005 (delayed gastric emptying a complication from type 1 diabetes).

5. I am approved by my health care practitioner and Health Canada to use cannabis (marihuana) to deal with symptoms of extreme nausea, vomiting, pain, lack of appetite and sleep. I use a daily dose of 2-10 grams per day of dried cannabis bud depending upon my health via smoking and vapourizing. I find it difficult to eat so I have not been using edibles as well as we no longer have access to fresh plant material.

6. If the cost of this medicine from licenced producers is between \$8-\$12 a gram we will simply not be able to afford to purchase the medicine. Even at \$5 a gram that would be a 10 times increase that we cannot afford. I understand if one continues to produce after one's licence expires that one may be subject to being charged with unlawful production and face the threat of imprisonment and consequently if David Hebert is no longer able to produce for me at a reasonable cost, we will have no alternative but to try and seek out alternative medicine through the black market or illicit market to assist me. This is something we have always tried to avoid and concerns me insofar as our safety and security is concerned and my health.

7. I am authorized to possess 150 grams on my person at any time and to store 1,125 grams at the production site. I usually store around 300-500 grams. I understand that under the new Regulations I will not be able to store anything and can only possess 150 gms on my person at any time and can only order that amount and no more from Licensed Producer at a time.

8. As a result of my condition I vomit continuously for days sometimes and I have terrible pain and nausea. I have been unable to work for the last 24 months due to my disability and have been spending more than 50% of my time admitted to the Royal

Columbian and Surrey Memorial hospitals. For the most of 2013 I have been using a GJ tube bypassing my stomach and I am on dozens of medications that I find do not assist me. Many of these medications include opiates such as Hydromorphone (dilaudid) and I do not like the side effects. I am extremely weak and bed ridden most days. If I am taken to the Emergency department I am usually sent home within 1 to 2 weeks after being admitted, usually with a bag of food for my tube and a one week prescription for Hydromorphone. I usually return in 1 to weeks this has been ongoing for 2 years now. There is little follow up when I do stay hospital free and I currently due to not have a family physician making this even more difficulty.

9. I found that cannabis marihuana is an effective relief for my nausea and discomfort from gastroparesis and in addition it helps me with my anxiety and depression and stimulates my appetite. I have tried to find ways to ingest CBD (cannabidiol) and THC (tetrahydrocannabinol) as extracts but have difficulties with fats and alcohol (the solvents) due to my condition and have no more access to the necessary fresh cannabis for juicing any longer. I have read and been told that those cannabinoids might help regenerate the nerves in my stomach and help with the management of my diabetes also.

10. I have tried to get doctors approval in the past regarding the use of cannabis and many have become uncomfortable and silent and avoid conversation or become hostile and tell me that cannabis is poison and that I am drug addicted or that is causing my condition. This is most definitely not true as I almost never have access to it within hospital and my symptoms often keep me there longer, although cannabis by no means completely relieves my condition it provides a good deal of help. The only physician that continues to support me is my endocrinologist, I currently have no family doctor.

11. Unfortunately my pain management is primarily through hydromorphone, as I am limited to dry stored cannabis now and have none for juicing or attempting other extracts. Currently other options to reduce or control my pain are also being explored. Unfortunately one of them is a Pain Management Clinic that helps wean people off

narcotics but there is a 19 month waiting list to get into that program and I have not been able to participate as yet.

12. Now produced and marked as Exhibit "A" to this my affidavit is a copy of my Authorization to Possess and I have deleted my addresses for reasons of privacy and security. My licence expired on January 4th, 2014

13. My common law husband David Hebert is my primary caregiver and designated grower under the *MMAR* and now produced and marked as Exhibit "B" to this my affidavit is a copy of his licence with the addresses again deleted or redacted for privacy and security reasons, including the address of the production and storage site. This document authorizes the production of 25 plants indoors and the storage of 1,125 grams indoors and also expired on January 4th, 2014. David Hebert produced two strains for me that I understand are "blueberry strains" that alleviate my pain.

14. Prior to September 30th, 2013, we resided in the townhouse with the garage production facility, but due to my health and the costs involved we simply could not afford to remain there and had to downsize and move to another location. This would of course involve moving the production licence as well. Therefore on or about September 27th, 2013 David Hebert telephoned Health Canada and told them that were going to have to move but we did not have a place yet and the person he spoke to on the phone simply advised that they were unable to help until we had a new address at which time we would have to get the new forms in as soon as possible before the September 30th deadline.

15. By the time we found a place, the September 30th, 2013 deadline was passed and on or about October 20th, 2013 David Hebert again telephoned Health Canada to see what we could do given my and our desire not to go to the black market and there not being any other sources available, but the representative from Health Canada told him that there was simply nothing that could be done, that we had passed the deadline and therefore the production would have to end upon the expiry of the licence, namely January 4th, 2014 and no address change would be provided.

16. We moved to our new premises on October 30th, 2013 and are therefore no longer producing because we could not move the production site to be lawful at the new premises, but we still have all our equipment and therefore have the ability to set back up if permitted to do so. The amount of cannabis left from production is now very low and David Hebert has looked at the cannabis (marihuana) available from the licenced producers online and I can simply say that we cannot afford the prices. Consequently I am going to have to go back to try and find some friendly sources on the street to obtain at a price that we can afford or have David do so for me.

17. I swear this Affidavit in support of an Application for an Order under s.24(1) of the *Canadian Charter of Rights and Freedoms* as the appropriate and just interim remedy, in the nature of:

I. An interim constitutional exemption from ss.4,5 and 7 of the *Controlled Drugs and Substances Act* for all persons medically approved under the *Narcotic Control Regulations C.R.C., c.1041 (NCR)*, the *MMAR* or the *MMPR*, including those patients who have a caregiver 'person responsible' for them designated to produce for them, including an exemption for that caregiver 'person responsible' designated producer, pending trial of the merits of the action or such further Order of the court as may be necessary;

or, alternatively

II. an interlocutory exemption/injunction preserving the provisions of the *MMAR* relating to personal production, possession, production location and storage, by a patient or designated caregiver 'person responsible for the patient' and related ancillary provisions, and if necessary, limiting the applicability of certain provisions of the *MMPR* to such patients or designated caregivers that are inconsistent with their s. 7 constitutional right under the *Charter* pending the decision of this Court on the merits of this action.

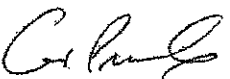
or alternatively, and together with

III. an interim/interlocutory order in the nature of *mandamus* to compel the Defendant to process all applications, renewals and modifications to any licences pursuant to the *MMAR* in accordance with all of its provisions (other than those challenged as unconstitutional herein), notwithstanding ss.230,

**AUTHORIZATION TO POSSESS
DRIED MARIHUANA FOR MEDICAL PURPOSES**

You have met the requirements to be issued an authorization pursuant to section 11 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your authorization. This document and/or ID card will serve as proof of your authority to possess marihuana for medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

<u>HOLDER OF AUTHORIZATION INFORMATION</u>	
NAME: Tanya Louise Beemish	DATE OF BIRTH: 02-Jul-1986
ADDRESS: [REDACTED]	GENDER: Female
MAILING ADDRESS: [REDACTED]	
<u>TERMS AND CONDITIONS</u>	
The maximum quantity of dried marihuana that you may possess at any time under this <i>Authorization to Possess</i> is: 150 grams.	
<u>MEDICAL PRACTITIONER INFORMATION</u>	
NAME: Dr. Clarissa Wallace	
<u>EXPIRY DATE</u>	
Please note this <i>Authorization to Possess</i> expires on 04-Jan-2014 Should you wish to renew your <i>Authorization to Possess</i> , please submit your renewal application at least 8 weeks prior to your expiry date.	

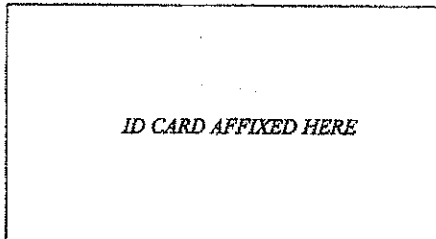
ISSUED BY:  <small>Louis Proven 3-Directeur, Bureau du cannabis médical A-Directeur, Bureau of Medical Cannabis Commissaire d'Substances & Tobacco Diverses Direction des substances contrôlées et de la lutte au tabagisme Health Canada - Santé Canada</small>	DATE OF ISSUE: 04-Jan-2013
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PLEASE READ ALL ENCLOSED DOCUMENTS

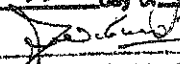
ENCLOSED DOCUMENTS:

Information you should know about your *Authorization to Possess* dried marihuana

c.c.: Dr. Clarissa Wallace



All inquiries regarding this authorization should be directed to the Marihuana Medical Access

This is Exhibit "A" returned to the affiant of Tanya Beemish sworn before me at Abbotsford BC this 13th day of January 2014

A Commissioner for Taking Affidavits for British Columbia

DESIGNATED PERSON PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 40 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby licenced to produce dried marihuana. This document and/or ID card will serve as proof of your authority to produce marihuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

<u>HOLDER OF LICENCE INFORMATION</u>	<u>AUTHORIZED PERSON INFORMATION</u>
NAME: David Wesley Hebert	NAME: Tanya Louise Beemish
D.O.B: 26-Jul-1981	D.O.B: 02-Jul-1986
GENDER: Male	GENDER: Female
ADDRESS: [REDACTED] Canada	ADDRESS: [REDACTED] Canada
MAILING ADDRESS: [REDACTED] Canada	MAILING ADDRESS: [REDACTED] Canada

TERMS AND CONDITIONS

PRODUCTION SITE: [REDACTED]

MODE OF PRODUCTION: Indoor

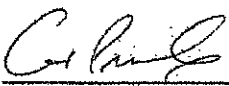
PRODUCTION QUANTITIES: The maximum number of marihuana plants that you may have under production at the production site at any time under this *Designated Person Production Licence* is **25 PLANTS (indoor)** or **0 PLANTS (outdoor)**.

STORAGE SITE: [REDACTED]

STORAGE QUANTITIES: The maximum quantity of dried marihuana that you may keep at the storage site at any time under this *Designated Person Production Licence* is: **1125 grams** and it must be stored indoors.

EXPIRY DATE

Please note this *Designated Person Production Licence* expires on **04-Jan-2014**
Should you wish to renew your *Designated Person Production Licence*, please submit your renewal application at least **8 weeks** prior to your expiry date.

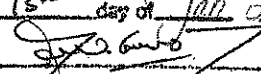
ISSUED BY:  <small>Louis Proch A Director, Bureau du cannabis médical A Director, Bureau of Medical Cannabis Contrôle des Substances & Tobacques Diverses Direction des substances contrôlées et de la lutte au trafic illicite Health Canada - Santé Canada</small>	DATE OF ISSUE: 04-Jan-2013
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PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:
Information you should know about your *Designated Person Production Licence*

c.c.: Tanya Louise Beemish

ID CARD AFFIXED HERE

This is Exhibit "B" referred to in
the affidavit of Tanya Beemish
sworn before me at Abbotsford BC
this 13th day of Jan 2014

A Commissioner for taking Affidavits
for British Columbia



Health
Canada

Santé
Canada

Form B2

Medical Practitioner's Form for Category 2 Applicants

This form is to be completed for *Category 2 applicants* by the applicant's medical practitioner.

Under the *Marihuana Medical Access Regulations*, a "medical practitioner" is a person who is authorized under the laws of a province to practice medicine in that province and who is not named in a notice given under sections 58 or 59 of the *Narcotic Control Regulations*.

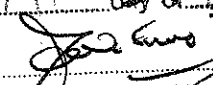
Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until **all** appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9

This is ~~EXHIBIT~~ ^B returned to me
the affidavit of Tanya Bernish
sworn before me at New Westminster, BC
this 14th day of Aug 2014

A Commissioner for Licensing Authorities
for British Columbia

Note: It is within the professional purview of the medical practitioner to decide to support an application to access marihuana for medical purposes. A medical practitioner is not obliged to sign in support of an application.

B2-1 Information on Medical Practitioner

Medical practitioner's full name:

CLARISSA WALLACE

Provincial medical licence number:

18679 BC

STAMP (IF AVAILABLE)

Dr. Clarissa Wallace
24434
202 - 301 East Columbia St.
N.W. Westminister, BC V2Y 3W4

Medical specialization (if applicable):

ENDOCRINOLOGY

Business Address:

Suite Number:

City:

Province:

Postal Code:

Telephone:

(604) 522-8399

Fax:

(604) 522-2635

E-mail:

B2-2 Medical Condition(s) and Symptoms

Applicant's full name:

TANYA I

BEEMISH

Date of Birth:

JULY 2 1986

Please specify the medical condition(s) and symptom(s) that are the basis for the application.

Medical Condition(s):

Gastroparesis

Recurrent vomiting *

Extended hospitalizations

Feeding tube

Symptom(s):

Type 1 Diabetes

Nephropathy

Autonomic neuropathy

Note: You may wish to provide any information that you might consider useful or pertinent for the review of the application.

Tanya Beemish

B2-3 The Proposed Daily Amount

Health Canada's examination of the current available information suggests most individuals use an average daily amount of 1 gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled or a combination of both.

- a. The proposed daily amount of dried marihuana is less than or equal to 5 grams (use letters to write amount); and
- b. the following method and form of administration (please check appropriate box):
- Inhalation Oral

Note to Physicians: For more information on daily amounts, you can refer to the following documents:

- Information for Health Care Professionals — Marihuana
- Daily Amount Fact Sheet

Both documents can be found on the Health Canada Web site at http://hc-sc.gc.ca/dhp-mps/marihuana/index_e.html or by calling toll free at 1-866-337-7705.

B2-4 Duration

Under the *Marihuana Medical Access Regulations*, an *Authorization to Possess* may be issued for a period of up to 12 months.

If you are signing the authorization for a shorter period, please specify the number of months:

12

B2-5 Medical Practitioner's Declaration and Signature

Please read, sign and date the document in the space provided on Page 3.

1. a. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1);
b. conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
2. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drugs Regulations* concerning the safety and effectiveness of marihuana as a drug.
3. a. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's medical condition; or
b. if you are not a medical specialist, please declare:
 - i. that the applicant's case has been assessed by a specialist;
 - ii. the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;
 - iii. that the specialist concurs that conventional treatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and
 - iv. the specialist is aware that marihuana is being considered as an alternative treatment for the applicant.

(signature required on next page)

Name:





(B2-5 continued)

Dr. Clarissa Wallace
24434
202 - 301 East Columbia St.
Westminster, BC V3L 4W0

Tanya Beavis

Please complete the following:

Name of the medical specialist:

The medical specialist's area of specialization:

Endocrine

Date of the specialist's assessment of the applicant's case:

Sept 17 / 2013

Note: Under the *Marihuana Medical Access Regulations*, a "practitioner" is a practitioner who is recognized as a practitioner by the medical licencing authority of the province in which the practitioner is authorized to practice medicine and who is not named in a notice given under Section 58 or 59 of the *Narcotic Control Regulations*.

4. I declare that the information contained in this form is correct and complete.



MEDICAL PRACTITIONER'S SIGNATURE

Clarissa Wallace

PRINT NAME

SEP 17 2013

DATE

IMPORTANT:

1. Please ensure that you have read and understood the declarations.
 2. Please sign and date the declarations.
 3. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
 4. We cannot process the application until **ALL** appropriate forms are received.
 5. Please retain a photocopy of this form for your files.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Name: