

AMEND THE 1970 CONTROLLED SUBSTANCE ACT TO ALLOW FOR THE USE
OF MEDICAL MARIJUANA

by
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Memorandum

To: The President of the United States

From: The Surgeon General of the United States

RE: Amend the 1970 Controlled Substance Act to allow for the use of medical marijuana

Date: December 10, 2014

Action forcing event:

Federal and State laws clash over marijuana legislation and regulatory jurisdiction. The 1970 Controlled Substance Act (CSA) lists marijuana as a Schedule I drug. This classification indicates marijuana has no accepted medical use and places it in the same lethal category as heroin, LSD, and ecstasy. Possession of any form of the drug is a Federal crime, however, medical marijuana is legal in 23 states and DC. This year, eleven additional states voted to ease restrictions on a non-intoxicating cannabis oil extract to allow for its use in research or as treatment against limited illnesses. 2014 also marked the year Colorado and Washington state began sales of recreational marijuana. This November, Oregon, Alaska, and DC will vote to do the same with similar state programs. Just this spring, the House approved two initiatives to prevent federal incursion into state-run marijuana programs. The two bills await Senate review scheduled for this fall. Coinciding with their reviews is a House consideration of an additional bill seeking to amend the CSA with the removal of "therapeutic hemp and cannabidiol" marijuana from the CSA's Schedule I category.¹

¹ H.R.5226 - 113th Congress (2013-2014), "Charlotte's Web Medical Hemp Act of 2014," Library of Congress, <https://www.congress.gov/bill/113th-congress/house-bill/5226/actions>, (Accessed: 2 Oct)

Statement of the Problem:

For many severely ill Americans, medical marijuana remains unavailable due to the Federal classification of the drug as a Schedule I narcotic. In spite of the CSA classification declaring marijuana as having no medical use, a wide range of studies and patient testimonies reportedly support the drug's health benefits.² Medical conditions that have shown positive results from trials of medical marijuana are notably cerebral palsy and other neurodegenerative diseases (i.e., Parkinson's disease and multiple sclerosis), cancer, HIV/AIDS, epilepsy and other conditions characterized by seizures, Alzheimer's disease, and post-traumatic stress disorder (PTSD). Many seriously ill Americans with these diseases have found that medical marijuana is the most effective treatment against their affliction. In many cases, it is the only medicine that works to alleviate the symptoms of their diseases. It affords them unparalleled relief from pain without the debilitating side effects associated with Western or mainstream medicines and for many, it restores a quality of life taken from them by their illnesses. However, due to a lack of Federal research focusing on the medicinal effects of marijuana, these claims remain unsubstantiated.

As it stands, ailing Americans suffering from these illnesses, residing outside of the 23 medical marijuana-legal states and DC, are denied participation in this form of treatment while it remains illegal in their home states. Even if they were to travel to

² Anthony Rivas, "Health Benefits of Medical Marijuana: 3 Major Ways Cannabis Helps Sick People Live Normal Lives," Medical Daily, <http://www.medicaldaily.com/health-benefits-medical-marijuana-3-major-ways-cannabis-helps-sick-people-live-normal-lives-283388>, (Accessed: 2 Oct)

obtain their medication from one of the 23 states or DC, crossing state borders in returning home with treatment is perceived as a federal trafficking violation of an illegal substance. Such a violation would be subject to criminal prosecution with severe penalties. This reality has forced countless patients to immigrate to a more accepting state so that they may ostensibly receive state protection for the use of their medication. However, not all who are afflicted can afford this option. They must therefore resign to the FDA approved mainstream medicines, some of which produce adverse side effects that may rival symptoms of the affliction.

In addition to denying medicine to the severely ill, the federal ban on medical marijuana also forestalls comprehensive scientific research that perpetuates the absence of federal oversight and a national standard that is normally required of pharmaceuticals. Medical marijuana is not monitored like FDA-approved medicines. National prohibition of medical marijuana ultimately harms America's seriously ill who suffer from their diseases unnecessarily. It denies them a medical alternative that could potentially improve health and quality of life. In some cases, it labels those legitimately ill, for whom this form of treatment may be the only viable answer, as criminals. They are the true victims of this Federal and State inconsistency.

History:

By the mid-1800s, the medicinal claims and uses of marijuana as medicine had curiously developed into a panacea for all ailments ranging from intestinal pain, to

cholera, to strychnine poisoning, to bronchitis, whooping cough, and asthma. And by the early 1900's its recreational use hit an all time high in the U.S. The use of marijuana became so widespread that it gained the attention of State and Federal lawmakers. Regulating its handling became the natural recourse. States began to outlaw marijuana starting with Massachusetts in 1911; Maine, Wyoming, and Indiana in 1913; New York City in 1914, Utah and Vermont in 1915, Colorado and Nevada in 1911.³ Federal regulations included the 1906 Pure Food and Drugs Act that incorporated marijuana in its mandate to label all medicine; the 1915 Harrison Act, although targeted opium production and international trade, inadvertently laid the groundwork for the 1937 Marihuana Tax Act.⁴ In 1951, Congress declared the drug a narcotic and by 1970, the Controlled Substance Act declared it a Schedule I illegal substance.

Though marijuana wasn't nationally outlawed until 1970, the impetus for its prohibition can be linked to a late 1930's anti-marijuana movement. The 1937 Taxation of Marijuana hearing before the House of Representative Ways and Means Committee, Harry Anslinger, the U.S. Narcotics Bureau Chief, referred to the drug as "evil weed." In describing the effects of marijuana, Anslinger declared it induces "delirious rage after its administration, during which they [users] are temporarily, at least, irresponsible and liable to commit violent crimes."⁵ He presented numerous accounts of the drug from experts of the time to discount marijuana as anything other than a threat to society. It did

³ ProCon.org, "Medicine Marijuana Pros and Cons: Historical Timeline," <http://medicalmarijuana.procon.org/view.timeline.php?timelineID=000026>, (Accessed: 1 Oct)

⁴ ProCon.org, "Medicine Marijuana Pros and Cons: Historical Timeline," <http://medicalmarijuana.procon.org/view.timeline.php?timelineID=000026>, (Accessed: 1 Oct)

⁵ Hearings before the Committee on Ways and Means, House of Representatives, Seventy-Fifth Congress, First Session on H.R. 6385, "Taxation of Marijuana," April 27-30 and May 4, 1937, Pg. 29, http://www.lib.berkeley.edu/doemoff/govinfo/federal/fdlpexhibit/Taxation_of_Marihuana.pdf (Accessed: 1 Oct)

not take much to convince the public. A much publicized movie, "Reefer Madness," had already established a platform for his anti-marijuana campaign, just one year prior. The propaganda film linked incurable insanity and acts of violent crimes such as the rape and murder portrayed in its storyline with marijuana use. In its forward before the film, it warned that while the story portrayed in the film may be fiction, it is "based upon actual research into the results of Marihuana addiction."⁶ The film and Anslinger's anti-marijuana campaign did much to rally public outcry and eventual legislation prohibiting the drug.

As Federal and State governments clamped down on marijuana use, public consensus swayed significantly in favor of prohibition. Intensive research and studies to establish its harmful effects, not its therapeutic potential, ensued. In spite of this, a significant amount of studies have revolved primarily around the attributes of two specific chemical components found in marijuana, delta-9-tetrahydrocannabinol (THC) and canabinidiol (CBD). Considering that there are over 400 different chemical components found in marijuana,⁷ the ability of scientists to detail the qualities of only two after nearly a century of research further lends to the complexity of the plant. Fully understanding marijuana is difficult given the levels of chemical compound variance present in each plant. The concentration of chemicals in marijuana may fluctuate significantly from one genetic strain to another, from one growing environment to another, and from one part of the plant used to another.⁸

⁶ Louis J. Gasnier, dir. *Reefer Madness*, 1936. Film

⁷ Robert Garner, "Medical Marijuana," Santa Clara Valley Health & Hospital System, Department of Alcohol & Drug Services, Jul 12, 2005, Pg 2, (Accessed: 2 Oct)

⁸ Jonathan P. Caulkins, Angela Hawken, Beau Kilmer, Mark A. R. Kleiman, *Marijuana Legalization*

Scientists have established that “THC is the main psychoactive ingredient in marijuana, and the one most responsible for its intoxicating effects.”⁹ The second most studied component in marijuana and is considered THC's primary countering agent is CBD. “CBD is not intoxicating – CBD alone doesn't produce a high – but some claim it may calm the anxiety sometimes produced by high doses of THC.”¹⁰ It is the chemical agent CNN's Medical Correspondent, Dr. Sanjay Gupta, credits in his much publicized 2012 documentary entitled “Weed” for effectively subduing the epileptic seizures of Charlotte Figi, a 5 year-old girl suffering from Dravet Syndrome. It was Gupta's CNN documentary touting marijuana's medicinal properties that brought medical marijuana awareness to mainstream America. Gupta tells the story of a non-intoxicating marijuana – one with enticing medical benefits that is high in CBD content and low in THC. He reports scientists think that CBD quiets the excessive electrical and chemical activity in the brain that causes seizures making it an ideal drug for seizure causing illnesses. The documentary energized the pro-medical marijuana movement and inspired a bill (the most recent of many) that was introduced in House this past July. The bill dubbed Charlotte's Web Medical Hemp Act of 2014 seeks “to amend the Controlled Substances Act to exclude therapeutic hemp and cannabidiol from the definition of marijuana, and for other purposes.”¹¹

What Everyone Needs To Know, Oxford University Press, 2012, p. 7

⁹ Jonathan P. Caulkins, Angela Hawken, Beau Kilmer, Mark A. R. Kleiman, *Marijuana Legalization What Everyone Needs To Know*, Oxford University Press, 2012, p. 6

¹⁰ Jonathan P. Caulkins, Angela Hawken, Beau Kilmer, Mark A. R. Kleiman, *Marijuana Legalization What Everyone Needs To Know*, Oxford University Press, 2012, p. 7

¹¹ H.R.5226 - 113th Congress (2013-2014), "Charlotte's Web Medical Hemp Act of 2014," Library of Congress, <https://www.congress.gov/bill/113th-congress/house-bill/5226/actions>, (Accessed: 2 Oct)

Moreover, scholarly studies in recent years and credible agencies ranging from the National Cancer Institute to The American College of Physicians have backed marijuana's medicinal attributes.¹² Clinical studies have shown marijuana's effectiveness in relieving pain, controlling nausea and vomiting, and stimulating appetite in cancer and AIDS patients.¹³ A study performed just this year by the Guideline Development Subcommittee of the American Academy of Neurology discovered oral cannabis extracts reduced spasticity in multiple sclerosis patients while treating central pain or painful spasms.

The movement to legalize marijuana has also gained footing in Congress. This spring, the House approved two measures to prevent federal incursion into state-run marijuana programs. The States' Medical Marijuana Patient Protection Act secured a 219-189 vote from the House in May and is awaiting Senate review for approval. Its key argument is focused on the removal of marijuana as a Schedule I or Schedule II substance, and restricting federal funds from interfering with state marijuana programs. The second measure is the amendment to the Financial Services appropriations bill, approved by a 231-192 vote in the House.¹⁴ It blocks federal penalties against financial institutions that provide services to state-approved marijuana businesses.¹⁵ Both

¹² Tia Taylor, "Supporting Research Into The Therapeutic Role of Marijuana," http://www.acponline.org/acp_policy/policies/supporting_medmarijuana_2008.pdf, (Accessed: 3 Oct)

¹³ National Cancer Institute, <http://www.cancer.org/treatment/treatmentsandsideeffects/complementaryandalternativemedicine/herbsvitaminsandminerals/marijuana>

¹⁴ Safe Access Now, "Landmark House Vote on Medical Cannabis Banking," http://www.safeaccessnow.org/asa_activist_newsletter_august_2014, (Accessed: 3 Oct)

¹⁵ Amendment to H.R. 5016, as Reported (Financial Services Appropriations) Offered by Mr. Heck of Washington, July 14, 2014, https://american-safe-access.s3.amazonaws.com/documents/Heck_Perlmutter_Rohrabacher_Lee_Amendment_2014.pdf, (Accessed: 3 Oct)

measures still need Senate approval but their overwhelming support from the House is testament to the epic shift in public consensus and resulting momentum of the pro-legalization reform movement.

Undeterred by the shift in popular consensus, clinical study findings, and recent pro-reform legislative gains, the Federal Government maintains that current studies on marijuana are inconclusive and that further research approved by the Food and Drug Administration (FDA) is required before marijuana can be taken off the Schedule I list and safely prescribed as medicine. The Office of National Drug Control Policy (ONDCP) affirms marijuana as a Schedule I drug with a published Q&A fact sheet on its website stating marijuana has a “high potential for abuse and no currently accepted medical use in treatment in the United States.”¹⁶ It maintains that marijuana has not met the rigorous FDA approval process and that State actions to make it available for the public for medical and recreational use is inconsistent with Federal policy. This notion was upheld in the DEA 2002 refusal of the Coalition for Rescheduling Cannabis' (CRC) request to reclassify marijuana from its Schedule I category.¹⁷ The decision to deny a reclass was also upheld by a United States Court of Appeals for the DC Circuit ruling in a follow-up lawsuit by a medical marijuana advocacy organization, Americans for Safe Access (ASA) in 2012. The Senior Circuit Judge cited the lack of accepted studies that

¹⁶ The Office of National Drug Control Policy, the White House, <http://www.whitehouse.gov/ondcp/frequently-asked-questions-and-facts-about-marijuana#harmless>, (Accessed: 4 Oct)

¹⁷ ProCon.org, "Medical Marijuana Lawsuit Headed to Federal Court to Challenge Schedule I Status," Pros And Cons of Controversial Issues, <http://www.procon.org/headline.php?headlineID=005106>, 2 August, 2012 (Accessed: 16 Oct)

would support marijuana's claim to medicine.¹⁸ Furthermore, ONDCP “evidence shows our drug problem is a major public health and safety threat, and drug addiction is a disease that can be successfully prevented and treated. Legalizing drugs would increase their availability and normalize their use, leading to increased negative health consequences, particularly among young people. Drug legalization also undermines preventative health strategies, a keystone in improving overall public health in the United States.”¹⁹

Although Federal stance on marijuana legislation remains broadly firm, the Department of Justice (DOJ) and the U.S. Treasury have taken recent measures that contradict its affirmation. Upon Colorado and Washington's move to legalize recreational marijuana last year, the DOJ responded in an August 2013 memorandum that “it would not veto Colorado and Washington's newly approved law, nor would it seek to prosecute dispensaries or businesses that sell small amounts of marijuana to adults.”²⁰ Likewise, the Treasury updated its guidelines allowing cannabis businesses in marijuana-legal states to open bank accounts. Additionally, in a step that relates to marijuana infractions the DOJ this year announced it would scale back prosecution against low-level drug cases in an effort to reform the mandatory minimum sentencing laws.

¹⁸ Peter Hecht, "The Politics of Pot and Pain, How Doctors Built The Case For Medical Marijuana" National Journal, <http://www.nationaljournal.com/magazine/the-politics-of-pot-and-pain-20140403>, (Accessed: 16 Oct)

¹⁹ The Public Health Consequences of Marijuana Legalization, ONDCP, http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/marijuana_and_public_health_one_pager_-_final.pdf, (Accessed: 16 Oct)

²⁰ David G. Savage, "Obama administration to allow recreational marijuana laws to stand," <http://articles.latimes.com/2013/aug/29/news/la-pn-obama-administration-marijuana-legalization-20130829>, (Accessed: 12 Sep)

The Obama Administration has also opposed the reclassification of marijuana. The administration holds firmly to marijuana's defining addictive qualities and its threat to society. However, in a January 2014 interview with *The New Yorker*, President Obama was quoted saying "I don't think it [marijuana] is more dangerous than alcohol."²¹ The comment was taken by many to show signs of a less than rigid stance.

In spite of all these pronouncements, marijuana is still classified as a Schedule I narcotic while federal laws still uphold a criminal ban on the drug.

Background:

Key Players: The debate on the worth of medical marijuana is long-standing. There are many stakeholders in this fight. However, the ones that are of most relevance to this policy are the Federal Government and their associated agencies (FDA, HHS, DEA, and NIDA), state representatives, the science and medical community, and the stakeholder with the most at stake - the profoundly ill.

The population size of America's severely ill is daunting. The problem they face is real. Some claim to have found unparalleled relief from their illnesses through legalized medical marijuana while others living in states that ban the drug are denied the same benefits. The root of this inequality is the federal classification of marijuana as a Schedule I narcotic. Categorizing marijuana in the most dangerous of five Schedules

²¹ David Remnick, "Going The Distance," *The New Yorker*, January 27, 2014, <http://www.newyorker.com/magazine/2014/01/27/going-the-distance-2>, (Accessed: 16 Oct)

accordingly identifies it as having "no currently accepted medical use and a high potential for abuse,"²² Consequently, it mandates that any marijuana study be subjected to the most intense of Federal scrutiny. Under the 1961 Single Convention on Narcotic Drugs policy,²³ the Federal government is charged with providing marijuana for research. By law, it is the only entity sanctioned to do so. This monopoly on marijuana production enables the government to control the number and types of research conducted. As a result, relatively few requests to research marijuana's therapeutic benefits have been approved since the 1970 Controlled Substances Act. Ironically, the shortage of research resulting from the Federal government's control over production has enabled government entities the defense that more studies are needed before a rescheduling can be considered.

Obtaining federal approval for marijuana research has been a challenge historically. The United States Department of Health and Human Services (HHS) is the primary key holder to any federally sanctioned research, testing, and eventual regulation of newly introduced drugs for pharmaceutical use. For marijuana, a Schedule I drug, three federal agencies must preside over the approval process for research. The Food and Drug Administration (FDA) manages and serves as the first approving agency for all applications requesting drug research;²⁴ the National Institute on Drug Abuse (NIDA) maintains the research-grade marijuana that is required for any FDA approved studies

²² United States Drug Enforcement Agency, Drug Scheduling, <http://www.justice.gov/dea/druginfo/ds.shtml>, (Accessed: 12 Oct)

²³ United Nations, *Single Convention on Narcotic Drugs, 1961*, http://www.unodc.org/pdf/convention_1961_en.pdf, Pg 14 (Accessed: 12 Oct)

²⁴ U.S. Food and Drug Administration, "Development & Approval Process (Drugs)", <http://www.fda.gov/drugs/developmentapprovalprocess/default.htm>, (Accessed: 12 Oct)

conducted on the drug; the Drug Enforcement Administration (DEA) provides site licensures and registrations for approved studies on all illegal substances.

This three-agency process has brought considerable criticism from researchers because much of the approved studies on marijuana have primarily focused on abuse and addiction. Steven Gust, the special assistant to the director at NIDA, said "we've been studying marijuana since our inception. Of course, the large majority of that research has been on the deleterious effects, the harmful effects, on cognition, behavior and so forth."²⁵ It makes sense given NIDA's mission is to "lead the Nation in bringing the power of science to bear on drug abuse and addiction."²⁶ Meanwhile, scientists and the millions suffering from ailments and illnesses that may benefit from impartial medical marijuana studies are left to other alternatives.

The 23 medical marijuana legal states and DC have chosen to abandon the lengthy federal research process. Each state, relying on their own research authorities, have recognized several diseases and illnesses that qualify within their jurisdiction for marijuana treatment. These approved medical conditions vary from state to state, but are primarily those that have shown positive results from individual clinical trials. The list typically includes cerebral palsy and other neurodegenerative diseases (i.e., multiple sclerosis, Parkinson's disease), cancer, HIV/AIDS, epilepsy and other conditions

²⁵ Rob Hotakainen, "Fed accused of steering funding to anti-pot researchers," McClatchy Washington Bureau, March 19, 2014, http://www.mcclatchydc.com/2014/03/19/221721_feds-accused-of-steering-funding.html?rh=1, (Accessed: 12 Oct)

²⁶ National Institute on Drug Abuse, "About NIDA," <http://www.drugabuse.gov/about-nida>, (Accessed: 12 Oct)

characterized by seizures, Alzheimer's disease, and post-traumatic stress disorder (PTSD).

Multiple sclerosis: The number of ailing Americans currently suffering from marijuana qualified illnesses is daunting. According to the National Multiple Sclerosis Society (NMSS), over 2.3 million people have multiple sclerosis (MS) nationwide.²⁷ MS is a non-reportable disease, meaning doctors are not legally required to report newly diagnosed patients to a central data base. For this reason, the count on new cases remain unconfirmed. However, the NMSS indicates "more people are being diagnosed with MS today than in the past."²⁸ Symptoms may include "muscle stiffness, certain types of pain and muscle spasms, and overactive bladder."²⁹ However, NMSS claims these symptoms are treatable. They state "an increasing number of studies suggest that derivatives of marijuana such as oral cannabis extract, sprays and pills may lessen patient reported MS symptoms like spasticity, pain related to spasticity, and frequent urination."³⁰ NMSS acknowledges the need for further clinical studies. Clinical trials are ongoing. However, NMSS admits delays "due to challenges with recruiting patients able to adhere to the significant government requirements for trials using cannabis products."³¹

²⁷ National Multiple Sclerosis Society, <http://www.nationalmssociety.org/What-is-MS/Who-Gets-MS>, (Accessed: 12 Oct)

²⁸ National Multiple Sclerosis Society, <http://www.nationalmssociety.org/What-is-MS/Who-Gets-MS>, (Accessed: 12 Oct)

²⁹ Dennis Thompson, "Medical Marijuana May Ease Some MS Symptoms," WebMD News from HealthDay, <http://www.webmd.com/multiple-sclerosis/news/20140428/medical-marijuana-may-ease-some-ms-symptoms-study-concludes>, (Accessed: 12 Oct)

³⁰ National Multiple Sclerosis Society, <http://www.nationalmssociety.org/Treating-MS/Complementary-Alternative-Medicines/Marijuana/Marijuana-FAQs>, (Accessed: 12 Oct)

³¹ National Multiple Sclerosis Society, <http://www.nationalmssociety.org/Treating-MS/Complementary-Alternative-Medicines/Marijuana/Marijuana-FAQs>, (Accessed: 12 Oct)

Parkinson's disease: MS is a neurodegenerative disease, and while not all neurological disorders are treatable with marijuana, most scientists will agree that more scientific research is needed before it can be ruled out.³² One such disorder is Parkinson's disease. The National Parkinson Foundation (NPF) reports over one million people are suffering from Parkinson's disease (PD) today while 50,000-60,000 new cases are being diagnosed each year.³³ The NPF states "the few available studies revealed that marijuana was not helpful in Parkinson's disease related tremor or levodopa-induced dyskinesias."³⁴ In spite of this, several states (CT, IL, MA, NM, and NY)³⁵ have adopted PD to their list of marijuana authorized ailments.

Cancer: There are countless millions suffering from various forms of cancer today. The American Cancer Society (ACS) lists 75 different types of cancers on its webpage.³⁶ The ACS asserts "more than one million people in the United States get cancer each year."³⁷ The most commonly recommended treatment for cancer today is chemotherapy. Although each patient's response to the treatment is unique, a predictable list of side effects can be expected. Among them are severe pains that can last up to one year after

³² Dennis Thompson, "Medical Marijuana May Ease Some MS Symptoms," WebMD News from HealthDay, <http://www.webmd.com/multiple-sclerosis/news/20140428/medical-marijuana-may-ease-some-ms-symptoms-study-concludes>, (Accessed: 12 Oct)

³³ Parkinson's disease, National Parkinson Foundation, <http://www.parkinson.org/parkinson-s-disease.aspx>, (Accessed: 2 Oct)

³⁴ Dr. Michael S. Okun, NPF's National Medical Director, "Everything You Need to Know About Medical Marijuana and Parkinson's disease," National Parkinson Foundation, <http://www.parkinson.org/Patients/Patients---On-The-Blog/August-2014/Everything-You-Need-to-Know-About-Medical-Marijuan>, (Accessed: 2 Oct)

³⁵ ProCon.org, "Medical Marijuana: 23 Legal Medical Marijuana States and DC, Laws, Fees, and Possession Limits," <http://medicalmarijuana.procon.org/view.resource.php?resourceID=000881>, (Accessed: 12 Oct)

³⁶ American Cancer Society, "Cancer Types," <http://www.cancer.org/cancer/showallcancertypes/index>, (Accessed: 12 Oct)

³⁷ American Cancer Society, "Cancer Types," <http://www.cancer.org/cancer/showallcancertypes/index>, (Accessed: 12 Oct)

treatment in the form of "headaches, muscle pain, stomach pain, and pain from nerve damage, such as burning, numbness, or shooting pain."³⁸ According to the National Cancer Institute, marijuana is reportedly effective in treating these pains. It also indicates marijuana may help cancer patients find relief from "nausea and vomiting, anxiety, and loss of appetite."³⁹ This is relevant given chemotherapy can cause severe appetite loss leading to "weight loss, malnutrition, and loss of muscle mass and strength, which can hinder the body's ability to recover from chemotherapy."⁴⁰ The Institute further states although more research is required, "cannabis has been shown to kill cancer cells in the laboratory and to affect the immune system."⁴¹ This gives promise to an entirely new application for marijuana in fighting cancer cells and further calls for more studies.

HIV/AIDS: The Centers for Disease Control (CDC) reports the number of people living in the U.S. with HIV infection at 1.1 million.⁴² It estimates 50,000 new HIV cases are reported each year. In 2010, 49,273 people were diagnosed with HIV while 32,052 were diagnosed with AIDS.⁴³ In the same year, 15,529 of those previously diagnosed with AIDS died. Symptoms of HIV/AIDS resemble chemotherapy side effects. They include nausea, lack of appetite leading to weight loss, nerve pain, and anxiety. Accordingly,

³⁸ Cancer.Net, "Side Effects of Chemotherapy," <http://www.cancer.net/navigating-cancer-care/how-cancer-treated/chemotherapy/side-effects-chemotherapy>, (Accessed: 12 Oct)

³⁹ National Cancer Institute, "Cannabis and Cannabinoids Overview," <http://www.cancer.gov/cancertopics/pdq/cam/cannabis/patient>, (Accessed: 12 Oct)

⁴⁰ Cancer.Net, "Side Effects of Chemotherapy," <http://www.cancer.net/navigating-cancer-care/how-cancer-treated/chemotherapy/side-effects-chemotherapy>, (Accessed: 12 Oct)

⁴¹ National Cancer Institute, "Cannabis and Cannabinoids Overview," <http://www.cancer.gov/cancertopics/pdq/cam/cannabis/patient>, (Accessed: 12 Oct)

⁴² Centers for Disease Control and Prevention, "HIV in the United States: At A Glance," <http://www.cdc.gov/hiv/statistics/basics/ataglace.html>, (Accessed: 12 Oct)

⁴³ Centers for Disease Control and Prevention, "HIV in the United States: At A Glance," <http://www.cdc.gov/hiv/statistics/basics/ataglace.html>, (Accessed: 12 Oct)

medical marijuana has been shown to provide the same relief for HIV/AIDS symptoms as it has for chemotherapy side effects.⁴⁴

Epilepsy: According to Centers for Disease Control and Prevention (CDC), epilepsy costs the United States approximately \$15.5 billion each year.⁴⁵ Up to 3 million Americans suffer from epilepsy, while 65 million worldwide have some form of the disease.⁴⁶ Over 150,000 new cases are diagnosed in the U.S. annually.⁴⁷ An estimated 50 thousand die in the U.S. each year from status epilepticus (prolonged seizures), Sudden Unexpected Death in Epilepsy (SUDEP), and other seizure-related causes such as drowning and other accidents.⁴⁸ The Epilepsy Foundation reports 1 in 26 Americans will develop epilepsy and 1 out of 3 who develop the disease will live with uncontrolled seizures because no available treatment works for them.⁴⁹ Dravet syndrome, Doose syndrome, Lennox Gastaut syndrome, and idiopathic early onset epilepsy are syndromes of epilepsy that affect children as young as infancy.⁵⁰ SUDEP accounts for 34 percent of all sudden deaths in children.⁵¹ Five year old Charlotte Figi, the focus of CNN's documentary "Weed," went from having 300 seizures a week while on conventional

⁴⁴ MedicalMarijuana.ca, HIV/AIDS is an approved Health Canada Category 1 MMAR condition," <http://medicalmarijuana.ca/learning-center/conditions/hiv-aids>, (Accessed: 12 Oct)

⁴⁵ Center for Disease Control and Prevention, "Epilepsy Fast Facts," <http://www.cdc.gov/epilepsy/basics/fast-facts.htm>, (Accessed: 12 Oct)

⁴⁶ Cure Epilepsy, "Epilepsy Facts," <http://www.cureepilepsy.org/aboutepilepsy/facts.asp>, (Accessed: 12 Oct)

⁴⁷ Kimberly Holland, "Epilepsy by the Numbers: Facts, Statistics, and You," Healthline, 20 October 2014, <http://www.healthline.com/health/epilepsy/facts-statistics-infographic>, (Accessed: 12 Oct)

⁴⁸ Cure Epilepsy, "Epilepsy Facts," <http://www.cureepilepsy.org/aboutepilepsy/facts.asp>, (Accessed: 12 Oct)

⁴⁹ Patricia O. Shafer RN, MN, "About Epilepsy: The Basic," Epilepsy Foundation, <http://www.epilepsy.com/start-here/about-epilepsy-basics>, Sep 2014, (Accessed: 12 Oct)

⁵⁰ Compassionate Care NY, "Medical Marijuana for People with Severe Epilepsy," http://www.compassionatecareny.org/wp-content/uploads/MMJ-Epilepsy_March-24-14.pdf?7cb0fc, (Accessed: 12 Oct)

⁵¹ Cure Epilepsy, "Epilepsy Facts," <http://www.cureepilepsy.org/aboutepilepsy/facts.asp>, (Accessed: 12 Oct)

pharmaceuticals to having just 2 or 3 per month after switching to high CBD content medical marijuana.⁵² Her story sparked a modern day mass migration of families living with epilepsy to more medical marijuana friendly states. The group is so large, they have been referred to as "medical marijuana refugees."⁵³

Aside from epilepsy that directly effects children, the disease has also been reported among cases involving traumatic brain injuries (TBI). Such injuries are found among sport related incidents and in troops returning from deployment. An estimated 440,000 soldiers returning from Iraq and Afghanistan have experienced TBI.⁵⁴ According to CURE, more than 100,000 of these soldiers will likely develop post-traumatic epilepsy (PTE).

The millions of those suffering from profound illnesses are real. The lack of federally funded medical research on the benefits of marijuana due to its classification as a Schedule I narcotic is evident. Credible clinical studies outside the purview of the Federal Government testify to the therapeutic potential of medical marijuana. Current federally approved medicines fail a great many of America's severely ill. In fact, some diseases are "treatment-resistant."⁵⁵ According to Compassionate Care New York, a fair

⁵² Sanjay Gupta, "Weed - A CNN Special Report by Dr. Sanjay Gupta," CNN, (at 33:55 into the documentary), https://www.youtube.com/watch?v=hrVXRZY1_x0, (Accessed: 22 Nov)

⁵³ Sanjay Gupta, "Weed 2 - Cannabis Madness," CNN, 14 March 2014, (at 6:07 into the documentary), <https://www.youtube.com/watch?v=i2qFDb8LExo>, (Accessed: 12 Oct)

⁵⁴ Cure Epilepsy, "Epilepsy Facts," <http://www.cureepilepsy.org/aboutepilepsy/facts.asp>, (Accessed: 12 Oct)

⁵⁵ Karen L. Skjei, Dennis J. Dlugos, "The Evaluation of Treatment-Resistant Epilepsy," *Seminars in Pediatric Neurology*, Elsevier, 2011, http://ac.els-cdn.com.proxy1.library.jhu.edu/S1071909111000490/1-s2.0-S1071909111000490-main.pdf?_tid=cddeaa3e-8199-11e4-aae6-00000aab0f02&acdnat=1418346011_c3b5a14acdb82b2ee6f5b5fb747ef904, (Accessed: 12 Oct)

number of cases have proven that anti-epileptic drugs (AEDs) prescribed for children are ineffective. In many of these cases, the prescribed AEDs induces mild to life-threatening side effects. The milder side effects from AEDs include "hyperactivity, trouble sleeping, eye problems, weight gain, slowed thinking, fainting and heart rhythm changes."⁵⁶ More life-threatening effects include "blistering and peeling of large areas of the skin (which can require hospitalization in a burn unit)."⁵⁷ Those that have converted to medical marijuana have attested to trying an average of 12 other medications prior. Medical marijuana is legal in 23 states and DC. However, because it remains illegal in the remaining 27 states, a great majority of these severely ill Americans must resign to their conventional medicines. Medicine for many that fail to fulfill its purpose for the patient or causes even more devastating side effects.

Policy Proposal:

The Obama Administration, with counsel from the Attorney General, amends the 1970 Controlled Substance Act to distinguish between marijuana and its non-psychoactive cannabinoid derivatives so that therapeutic forms of marijuana may be excluded from Schedule I and not treated as a controlled substance under the CSA. Furthermore, this proposal recommends the Administration authorizes an increase in

⁵⁶ Compassionate Care NY, "Medical Marijuana for People with Severe Epilepsy," http://www.compassionatecareny.org/wp-content/uploads/MMJ-Epilepsy_March-24-14.pdf?7cb0fc, (Accessed: 12 Oct)

⁵⁷ Compassionate Care NY, "Medical Marijuana for People with Severe Epilepsy," http://www.compassionatecareny.org/wp-content/uploads/MMJ-Epilepsy_March-24-14.pdf?7cb0fc, (Accessed: 12 Oct)

federally sanctioned producers of research-grade therapeutic marijuana so that expanded clinical trials on marijuana's medicinal safety and efficacy might be maximized.

Cannabinoid derivatives are the bioactive components (THC, CBD, CBN) of the plant *Cannabis sativa* that displays a diverse range of therapeutic qualities.⁵⁸ For the purpose of this proposal, therapeutic marijuana includes forms of the *Cannabis* plant typically with not more than .3 percent of the cannabinoid THC, the benchmark level found to be effective in medicinal CBD oils used in the state of Colorado.⁵⁹

The purpose of this reclassification is to decriminalize the possession and use of cannabidiol (CBD) or therapeutic marijuana for the treatment of persons suffering from medical conditions identified as benefiting from the drug. Excluding medical marijuana from the CSA would also eliminate the need for credentialed researchers to obtain medical-grade marijuana exclusively from NIDA, and thereby alleviating the time intensive process of requesting and acquiring from a single location. Aside from marijuana, no other controlled drugs are required to be issued by the federal government for the purpose of research.⁶⁰

⁵⁸ Katherine Ann Scott, Sini Shah, Angus George Dalgleish and Wai Man Liu, "Enhancing the Activity of Cannabidiol and Other Cannabinoids In Vitro Through Modification to Drug Combinations and Treatment Schedules," *Anticancer Research, International Journal of Cancer Research and Treatment*, <http://ar.iijournals.org/content/33/10/4373.abstract#corresp-1>, (Accessed: 12 Oct)

⁵⁹ WNCN Staff, "Parents high-five as NC House passes bill allowing cannabis oil," WNCN, Jul 03, 2014, <http://www.wncn.com/story/25820937/nc-house-passes-bill-allowing-cannabis-oil>, (Accessed: 12 Oct)

⁶⁰ Mark Kleiman, "Futile pursuits: chasing rainbows and rescheduling cannabis," *The Reality-Based Community*, <http://www.samefacts.com/2014/01/drug-policy/futile-pursuits-chasing-rainbows-and-rescheduling-cannabis/>, January 31, 2014, (Accessed: 12 Oct)

Currently, the NIDA Marijuana Project at the University of Mississippi is the sole supplier for all FDA approved research.⁶¹ For the sake of product consistency, every effort is made by the producer to standardize the chemical levels in every product.⁶² Consequently, the high-THC, low-CBD marijuana strain produced at the federally sanctioned facility is the only strain available for research. However, it is this controlled cultivation that has sacrificed the variety available for testing. Moreover, any attempt by NIDA's grower now to crossbreed the marijuana plant to generate a product disproportionately higher in CBD would take years.⁶³ Certifying additional suppliers specialized in therapeutic strains would eliminate this time-intensive process. It would also allow for greater variety of immediate study and mitigate any shortages of the limited supplies. More significantly, it would eliminate the current monopoly on research marijuana held by NIDA, an organization whose objective includes putting an end to abusive drugs.

Policy Authorizing Tool: The CSA grants the Attorney General power to adjust a drug's classification as needed. Part B (Authority To Control; Standards And Schedules) of the CSA gives the Attorney General authority to "remove any drug or other substance from the schedules if he finds that the drug or other substance does not meet the requirements for inclusion in any schedule."⁶⁴ Per the CSA, however, the Attorney General must first confer with the Secretary of Human and Health Services (HHS) to establish, modify, or

⁶¹ Helen Shen, "Federal red tape ties up marijuana research," Nature.com, 25 March, 2014, <http://www.nature.com/news/federal-red-tape-ties-up-marijuana-research-1.14926>, (Accessed: 12 Oct)

⁶² Helen Shen, "Federal red tape ties up marijuana research," Nature.com, 25 March, 2014, <http://www.nature.com/news/federal-red-tape-ties-up-marijuana-research-1.14926>, (Accessed: 12 Oct)

⁶³ Sanjay Gupta, "Weed - A CNN Special Report by Dr. Sanjay Gupta," CNN, (at 11:54 into the documentary), https://www.youtube.com/watch?v=hrVXRZY1_x0, (Accessed: 22 Nov)

⁶⁴ The Substance Control Act, Part B (a)(2) - Authority To Control; Standards And Schedules, <http://www.fda.gov/RegulatoryInformation/Legislation/ucm148726.htm>, (Accessed: 12 Oct)

remove classification.⁶⁵ A determination must be based on scientific or medical evidence. In 2001 and 2006, HHS reviews were requested as a result of petitions to downgrade the classification of marijuana. In both instances, HHS determined there were insufficient evidence to reclassify marijuana from Schedule I.⁶⁶ Accordingly, the DEA has referred to these reviews in denying several subsequent requests to downgrade the drug's schedule with the most recent denial occurring in 2011.⁶⁷

The petition process requiring an assessment and ruling from both HHS and DEA on marijuana scheduling may take years. Case in point, the 2006 HHS review was in response to a 2002 petition filed by the Coalition for Rescheduling Cannabis. The HHS and DEA review process took nine years to render a denial to the Coalition based on "a lack of accepted safety for the use of marijuana under medical supervision."⁶⁸

Although per the CSA, an HHS assessment must be considered for any rescheduling of a listed substance, the requirement is that the DEA use it as recommendation only and not as actual grounds for denial. Because the DEA, under authority from the Attorney General, must also conduct its own review to establish a drug's classification, as part of this policy proposal, it is recommended that the

⁶⁵ The Substance Control Act, Part B (b) - Authority To Control; Standards And Schedules, <http://www.fda.gov/RegulatoryInformation/Legislation/ucm148726.htm>, (Accessed: 12 Oct)

⁶⁶ Anna Edney, "Marijuana Considered for Looser Restrictions by U.S. FDA," Bloomberg, <http://www.bloomberg.com/news/2014-06-20/drug-regulators-study-easing-u-s-marijuana-restrictions.html>, Jun 20, 2014, (Accessed: 12 Oct)

⁶⁷ Federal Register - The Daily Journal of the United States Governemtn, "Denial of Petition To Initiate Proceedings To Reschedule Marijuana, 07/08/2011," <https://www.federalregister.gov/articles/2011/07/08/2011-16994/denial-of-petition-to-initiate-proceedings-to-reschedule-marijuana#h-84> (Accessed: 12 Oct)

⁶⁸ DEA Office of Diversion Control, *Docket No. DEA-352N: Denial of Petition To Initiate Proceedings To Reschedule Marijuana*, http://www.deaiversion.usdoj.gov/fed_regs/rules/2011/fr0708.htm, (Accessed: 12 Oct)

Administration encourage a heavier reliance on other credentialed clinical studies and research evidence.

Policy Implementation: Implementing an amendment to the CSA only requires action from the Administration. The DEA acts on direction from the Attorney General. The Attorney General is charged with dispensing his decision based on scientific or medical evidence. According to the FDA, evidence is accurately deduced when the “gold” standard is applied to research.⁶⁹ The FDA utilizes this standard in conducting clinical trials when testing a potential drug for safety and efficacy.⁷⁰ This standard involves a “randomized, double-blind, placebo-controlled Phase III clinical trial”⁷¹ where knowledge on who actually receives the test drug or the placebo is withheld from both the study group and researchers administering the drug. “Phase III” mandates the use of multiple test groups over an extended period of time. In 2010, studies on smoked marijuana funded by the state of California using the “gold” standard provided evidence that “cannabis has analgesic effects in pain conditions secondary to injury (e.g. spinal cord injury) or disease (e.g. HIV disease, HIV drug therapy) of the nervous system.”⁷² California's research also suggested marijuana reduces MS spasticity.⁷³ Results from

⁶⁹ Steven Galson, M.D. M.P.H., Acting Dir, FDA, “Drug Safety/Drug Approval Process,” U.S. Food and Drug Administration, <http://www.fda.gov/NewsEvents/Testimony/ucm161673.htm>, (Accessed: 12 Oct)

⁷⁰ Steven Galson, M.D. M.P.H., Acting Dir, FDA, “Drug Safety/Drug Approval Process,” U.S. Food and Drug Administration, <http://www.fda.gov/NewsEvents/Testimony/ucm161673.htm>, (Accessed: 12 Oct)

⁷¹ Amanda Sellers, It's Time To Retire The Gold Standard,” Spectrum, 29 September, 2014, <http://www.spectrumscience.com/health-care-industry/its-time-to-retire-the-gold-standard/#sthash.c6A35tVE.625ePZqU.dpbs>, (Accessed: 12 Oct)

⁷² Igor Grant, M.D., “Report to the Legislature and Governor of the State of California presenting findings pursuant to SB847 which created the CMCR and provided state funding,” Center For Medicinal Cannabis Research, 11 February, 2010, http://cmcr.ucsd.edu/images/pdfs/cmcr_report_feb17.pdf, (Accessed: 12 Oct)

⁷³ Igor Grant, M.D., “Report to the Legislature and Governor of the State of California presenting findings pursuant to SB847 which created the CMCR and provided state funding,” Center For Medicinal Cannabis Research, 11 February, 2010, http://cmcr.ucsd.edu/images/pdfs/cmcr_report_feb17.pdf, Pg 2,

these studies concluded marijuana effectively enhanced or exceeded the benefits of available pharmaceuticals. Although the 2010 studies based its findings on smoked marijuana, it secured evidence using FDC protocol nevertheless.

Because medicine that requires the inhalation of potentially toxic fumes is highly doubtful to gain FDA endorsement, other forms of the drug are used in more recent studies (e.g., oils, sprays, and pills). These “gold” standard studies may serve as additional resources for the mandated DEA review. Ultimately, the “lack of available study” justification for denying an amendment to the CSA carries less weight when other highly accredited “gold” standard clinical studies are considered.

Additional Note: Unlike previous petitions, this policy proposal does not suggest the Administration remove marijuana from Schedule I but rather segregate therapeutic marijuana from its traditional definition. In doing so, the action averts violating any international conventions governing drug policy. The Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Drugs of 1971, and the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, requires any handling of marijuana (and other illicit drugs) outside of medical and scientific purposes be limited and internationally criminalized.⁷⁴

(Accessed: 12 Oct)

⁷⁴ German Lopez, "Everything you need to know about the war on drugs," Vox, <http://www.vox.com/cards/war-on-drugs-marijuana-cocaine-heroin-meth/war-on-drugs-international-treaties>, October 6, 2014, (Accessed: 12 Oct)

Policy Analysis:

Effectiveness (Con): The goal of this proposal is to provide effective treatment to patients with severe medical issues that don't currently have effective treatment. At the present time, only 23 states and D.C. allow for medical marijuana. Meanwhile, the severely ill that live outside the jurisdiction of these 23 states are denied access to the very treatment that has shown to be effective for those living in the 23 states. This proposal proves effective if the act of lifting the nationwide ban on medical marijuana allows for universal access to those in need, regardless of their state of residence. By this measure of effectiveness, the proposal is deficient. By definition, an executive order is enforceable on federal entities only. It lacks merit in application at the state level. Therefore, in spite of an executive order to authorize medical marijuana, state authorities may still choose to uphold the ban within their borders. Consequently, for those who live in medical marijuana prohibited states, this policy will have little effect on their predicament. In fact, for those patients crossing state lines in returning home (from medical marijuana states) with marijuana treatment, stiff state trafficking penalties would still apply. In addition to state-level adherence concerns, given that this proposal relies on the president's executive authority, an obvious disadvantage is that the shelf-life of this policy may expire with the current administration.

Effectiveness (Pro): The counter to the above argument, however, is that recent polls show public approval of medical marijuana has increased significantly across the nation. A 2014 survey taken by the Pew Research Center indicated that 54 percent of Americans

favor marijuana legalization while 42 percent oppose.⁷⁵ This points to a change in overall consensus from just four years ago when 41 percent approved while 52 percent opposed.⁷⁶ Pew Research also revealed a large majority of the nation is now in favor of legalizing marijuana for medical use. The survey reported 44 percent in favor, 39 percent agreed with legalizing it for personal use, while 16 percent disapproved legalizing marijuana for any manner of use.⁷⁷ With public acceptance on the rise across the nation, state lawmakers can be expected to attune to their constituents. There are signs of this already happening. Based on a Pew Research Center analysis of data from the National Conference on State Legislatures and the Vera Institute between 2009 and 2013, forty States have chosen to revise their drug policies to show more leniency for those charged with drug crimes.⁷⁸ Another clear indicator is the frequency at which the marijuana agenda has appeared on state ballots. It is therefore within reason to forecast state level prohibitions reciprocating if the federal ban on medical marijuana was lifted.

Effectiveness (Pro): An additional advantage to this proposal is that it does not infringe upon any U.S. obligation to international drug policies. This proposal seeks to delineate therapeutic marijuana from its conventional counterpart, not remove it completely from its Schedule I classification. Removing or reclassifying a Schedule I substance from the CSA has global implications. The 1961 Single Convention on Narcotic Drugs, an international agreement with 184 signatory country members, explicitly prohibits the

⁷⁵ Pew Research Center, "America's New Drug Policy Landscape", <http://www.people-press.org/2014/04/02/americas-new-drug-policy-landscape/>, (Accessed: 2 Oct)

⁷⁶ Pew Research Center, "America's New Drug Policy Landscape", <http://www.people-press.org/2014/04/02/americas-new-drug-policy-landscape/>, (Accessed: 2 Oct)

⁷⁷ Pew Research Center, "America's New Drug Policy Landscape", <http://www.people-press.org/2014/04/02/americas-new-drug-policy-landscape/>, (Accessed: 2 Oct)

⁷⁸ Pew Research Center, "America's New Drug Policy Landscape", <http://www.people-press.org/2014/04/02/americas-new-drug-policy-landscape/>, (Accessed: 2 Oct)

"production, trade, and possession of nonscientific and nonmedical narcotics a punishable offense."⁷⁹ Considering the U.S. had already violated this convention once with Colorado and Washington's move to legalize recreational marijuana this year, a second violation within the same year (this time on a national level) would be ill advised. Therefore, by delineating therapeutic marijuana within the CSA, the U.S. remains compliant with international conventions.

Effectiveness (Pro): The FDA has taken this approach with marijuana before. Marinol and Cesamet are synthetic THC based drugs on the market today. Both are commonly prescribed to cancer patients for nausea and vomiting while undergoing chemotherapy.⁸⁰ Marinol is also prescribed to HIV patients as an appetite stimulant and for severe weight loss.⁸¹ Both are FDA endorsed synthetic oral drugs on the market today that were inspired by the THC found in marijuana. Although Marinol and Cesamet are pharmaceuticals derived from a federally outlawed drug, its synthetic nature and given technical names (dronabinol and nabilone respectively) allow for it to be scheduled separately from marijuana under the CSA (both are listed as Schedule III substances). This technicality enables the FDA to authorize a cannabis-based drug while supporting the ban on marijuana.

⁷⁹ Jeremy P. Meyer, Eric Gorski and John Ingold, "Feds raid Denver-area marijuana dispensaries, grow operations, 2 homes," Denver Post, http://www.denverpost.com/breakingnews/ci_24570937/feds-involved-raid-at-denver-area-marijuana, (Accessed 5 Dec)

⁸⁰ The Office of National Drug Control Policy, the White House, <http://www.whitehouse.gov/ondcp/frequently-asked-questions-and-facts-about-marijuana#harmless>, (Accessed: 4 Oct)

⁸¹ WebMD, "Drugs & Medication: Marinol," <http://www.webmd.com/drugs/2/drug-9308/marinoloral/details>, (Accessed: 22 Nov)

Effectiveness (Con): With FDA approved cannabis-based drugs on the market today, some would argue (with justification) that there is no need for therapeutic marijuana. The Pros and Cons of this argument is discussed more thoroughly in the political analysis section of this proposal. However, in short, not all patients are responsive to Marinol and Cesamet. Moreover, the side effects listed for these drugs are the very effects these drugs were created to treat. For example, nausea and vomiting are among listed side effects for the use of Marinol.⁸² The chief complaint with Marinol and Cesamet, however, is that they lack other medicinal compounds (such as CBD) found naturally in marijuana.⁸³ The downside of a drug based purely on the psychoactive component of marijuana makes it especially risky for several patient demographics.

Effectiveness (Con): With regards to this policy proposal's recommendation to increase the number of federally sanctioned producers - the goal is to increase the availability and variety of research-grade marijuana for greater research capacity. It would also allow for a more expedited research marijuana acquisition process. The current mandate requires scientists to obtain research marijuana from NIDA. This has proven difficult and time intensive. In easing medical marijuana's access to qualified researchers, more time could be allowed for relevant clinical studies.

Just as there are countless strains of marijuana in existence today, there are just as many cultivators. Many are in the business of cultivating for recreational use and market.

⁸² RxList, The Internet Drug Index, "Marinol Side Effects Center," <http://www.rxlist.com/marinol-sideeffects-drug-center.htm>, (Accessed: 22 Nov)

⁸³ TruthOnPot.com, "What is Marinol?," <http://www.truthonpot.com/2013/05/25/what-is-marinol/>, (Accessed 29 Nov)

However, some have aimed their products for use in the medical industry. The Stanley Brothers, the Colorado-based cultivator that created the Charlotte's Web strain, is such a producer. Their signature CBD infused strain has shown notable results against seizures exhibited in children with varying forms of epilepsy.⁸⁴ By considering the Stanley Brothers company and other like producers as potential partners, the DEA could largely benefit the research process.

Efficiency (Pro): Timeliness is a factor given the growing number of those suffering and dying from severe illnesses. Everyone on both sides of the marijuana legalization battle would agree that continuing studies are needed. Authorizing more cultivators to provide research supply for approved studies lends to the efficiency of this policy goal. In terms of time expended, this proposal cuts down the loss of valuable time normally consumed by the research application review and approval process managed by NIDA. Using DEA approved cultivators would afford qualified researchers the opportunity to quickly access research marijuana. Additionally, studying its therapeutic benefits as oppose to its adverse effects will no longer be a disqualifying criteria. Thus, in bypassing NIDA's approval and supply process, valuable time is saved and greater research opportunities are afforded.

Efficiency (Con): Ideally, medical marijuana (as with any drug) should obtain FDA approval before being marketed. While marijuana remains a Schedule I drug, no such approval can be expected. This explains the reason why even within the medical-

⁸⁴ Realm of Caring, "Charlotte's Web Hemp Products," http://theroc.us/index.php?option=com_content&view=article&id=57&Itemid=388, (Accessed: 22 Nov)

marijuana authorized States, marijuana treatment is "recommended" not "prescribed" by physicians.⁸⁵ Although this policy proposal allows for the removal of medical marijuana from the CSA and increases the number of DEA certified suppliers of research-grade marijuana, it cannot reasonably force FDA to endorse the prescription of medical marijuana. However, one may argue that FDA approval for treatment is not necessary for the severely ill to access it. Under current conditions, therapeutic marijuana can be obtained irrespective of the FDA.

Administrative Capacity (Pro): This initiative does not require any additional funding or manpower. Enacting a new policy often necessitates the application of an implementation tool. However, this policy proposal requires neither carrots, sticks, nor sermons. It essentially calls for the removal of a tool - a stick. Because marijuana is prohibited by federal law, enforcement of said laws required significant manpower and funding for the prosecution of violators, and housing of those eventually convicted. By delisting medical marijuana from the CSA and subsequently eliminating the federal costs involved in enforcement and prosecution, money is made available for other federal concerns.

Administrative Capacity (Con): This policy proposal recommends the introduction of additional producers to be used as suppliers of research-grade marijuana. Although no additional funding is required, DEA responsibilities will extend to regulate these new producers accordingly. Increased DEA involvement may initially be required for the

⁸⁵ United Patients Group, "A beginner's Guide to Using Medical Marijuana," <http://www.unitedpatientsgroup.com/resources/beginners-guide>, (Accessed: 22 Nov)

inspection and certification of said producers. Upon designating qualified suppliers, the DEA would be required to conduct the review and inspection process. This measure is solely to ensure compliance with DEA standards are met by new producers prior to enrollment into the federal program. Periodic renewal and recertification will also be necessary. NIDA's existing contract with the University of Mississippi as its sole supplier of marijuana is renewed every 5 years.⁸⁶ Similar protocols will apply to new contracts.

Equity/Fairness (Pro): The 1948 Universal Declaration of Human Rights sets the foundation on which patients' rights are grounded.⁸⁷ In it, the UN acknowledges "the inherent dignity" and the "equal and unalienable rights of all members of the human family."⁸⁸ The World Health Organization (WHO) refers to the UN Declaration in defining parameters for the treatment of patients. In bridging the gap between human rights and the right to health, WHO declares "what is owed to the patient as a human being, by physicians and by the state, took shape in large part thanks to this understanding of the basic rights of the person."⁸⁹ Though WHO acknowledges the need for improvement in universally defining patients' rights, it correlates it with basic rights. Those rights include "equitable access to quality medical care"⁹⁰ in providing for

⁸⁶ Debra Borchardt, "Government Pot Contract Open for Bids, but Nobody Wants It," *The Street*, <http://www.thestreet.com/story/12736480/1/government-pot-contract-open-for-bids-but-nobody-wants-it.html>, 6 Jun 2014, (Accessed: 22 Nov)

⁸⁷ General Assembly of the United Nations, "Universal Declaration of Human Rights," 10 December 1948, <http://www.refworld.org/docid/3ae6b3712c.html>, (Accessed: 25 Nov)

⁸⁸ General Assembly of the United Nations, "Universal Declaration of Human Rights: Preamble," 10 December 1948, Pg 1, <http://www.refworld.org/docid/3ae6b3712c.html>, (Accessed: 25 Nov)

⁸⁹ World Health Organization, "Patients' rights," <http://www.who.int/genomics/public/patientrights/en/>, (Accessed: 25 Nov)

⁹⁰ World Health Organization, "Patients' rights," <http://www.who.int/genomics/public/patientrights/en/>, (Accessed: 25 Nov)

"treatment consistent with the dignity and respect they [patients] are owed as human beings."⁹¹

The goal of this policy proposal is in line with the World Health Organization's concept of patients' rights. It seeks equitable medical rights and fairness for all seriously ill patients regardless of the state they reside in. In other words, a multiple sclerosis patient residing in Florida (an anti-medical marijuana state) should have the same care afforded to those living in California (a pro-medical marijuana state).

This policy proposal is also in line with the masses with regards to the rights of physicians to provide the best care possible for their patients. According to a survey conducted by the Social Science Research Solutions of Media for CBS News, 86 percent of the American population surveyed (January 2014) support a doctor's right to "prescribe small amounts of marijuana for patients suffering from serious illnesses."⁹²

Political Analysis:

There is no shortage of marijuana reform bills being pushed through Congress these days. The recent increased frequency and resulting failure, however, only lends to further suggest that law makers within Congress are either obstinate on their stance against reform as a whole or simply dysfunctional. Evidence proves the latter and further

⁹¹ World Health Organization, "Patients' rights," <http://www.who.int/genomics/public/patientrights/en/>, (Accessed: 25 Nov)

⁹² Sarah Dutton, Jennifer De Pinto, Anthony Salvanto, Fred Backus, "Majority of Americans now support legal pot, poll says," CBS News, <http://www.cbsnews.com/news/majority-of-americans-now-support-legal-pot-poll-says/>, (Accessed: 23 Nov 2014)

underpins the need for executive influence. Leaving this issue to Congress is not an option.

Law makers: The same CBS poll that showed 86 percent of Americans support a doctor's right to prescribe medical marijuana also revealed significantly more Democrats than Republicans agree with marijuana reform.⁹³ According to the poll, 59 percent of Democrats support marijuana reform while 61 percent of Republicans oppose it.⁹⁴ This disproportion is also substantiated by the recent Gallup poll taken in October. Gallup reported 64 percent of Democrats favored legalizing marijuana, while only 39 percent of Republicans do.⁹⁵ The States' Medical Marijuana Patient Protection Act (H.R.689) that secured 219 votes from the House this past May illustrates this point well. 170 votes of the final 219 were from Democrats while the remaining 49 were from Republicans.⁹⁶ This bill may have overcome the House vote, but to also gain approval in the Senate is highly unlikely. This is especially true if the Republicans take control of the Senate in the upcoming November mid-term election.

⁹³ Sarah Dutton, Jennifer De Pinto, Anthony Salvanto, Fred Backus, "Majority of Americans now support legal pot, poll says," CBS News, <http://www.cbsnews.com/news/majority-of-americans-now-support-legal-pot-poll-says/>, (Accessed: 23 Nov 2014)

⁹⁴ Sarah Dutton, Jennifer De Pinto, Anthony Salvanto, Fred Backus, "Majority of Americans now support legal pot, poll says," CBS News, <http://www.cbsnews.com/news/majority-of-americans-now-support-legal-pot-poll-says/>, (Accessed: 23 Nov 2014)

⁹⁵ Lydia Saad, "Majority Continues to Support Pot Legalization in U.S.," Gallup, 6 Nov 2014, <http://www.gallup.com/poll/179195/majority-continues-support-pot-legalization.aspx>, (Accessed: 23 Nov)

⁹⁶ Abby Haglage, "House Passes Bill to End Medical Marijuana Raids by the DEA," The Daily Beast, <http://lee.house.gov/newsroom/in-the-news/house-passes-bill-to-end-medical-marijuana-raids-by-the-dea>, (Accessed: 28 Nov)

It is worth noting, however, that H.R.689 serves as the first marijuana proposal to have ever been approved by a chamber of Congress.⁹⁷ In fact, it and the House-approved amendment to the Financial Services appropriations bill (H.R.5016) that prevents the use of federal funds against state-approved marijuana programs (also passed this year) are clear indicators of the shift in constituent support for marijuana reform. However, this does not change the fact that although Congress may have the capacity, it lacks the partisanship to wholly approve any reformation. H.R.689 and H.R.5016 may have secured enough votes from the House to be submitted for review in the Senate, but their chances of becoming law are slim. Using a formula that enlists statistics and factors, Govtrack.us estimates the probability of these two bills being enacted at 2 percent⁹⁸ and 31 percent⁹⁹ respectively. Because "only 11 percent of bills made it past committee and only about 3 percent were enacted in 2011-2013,"¹⁰⁰ these two historical bills will most assuredly become yet two more to die.

According to Marijuana Policy Project (MPP), a lobby group active in ending prohibition, there are at least six active marijuana-related bills currently awaiting Congressional review.¹⁰¹ One bill in particular bares a semblance to this policy proposal. H.R.5226 - 113th Congress (2013-2014) dubbed Charlotte's Web Medical Hemp Act of

⁹⁷ Abby Haglage, "House Passes Bill to End Medical Marijuana Raids by the DEA," The Daily Beast, <http://lee.house.gov/newsroom/in-the-news/house-passes-bill-to-end-medical-marijuana-raids-by-the-dea>, (Accessed: 28 Nov)

⁹⁸ GovTrack.us, "H.R. 689: States' Medical Marijuana Patient Protection Act," <https://www.govtrack.us/congress/bills/113/hr689>, (Accessed 28 Nov)

⁹⁹ GovTrack.us, "H.R. 5016: Financial Services and General Government Appropriations Act, 2015," <https://www.govtrack.us/congress/bills/113/hr5016#overview>, (Accessed: 28 Nov)

¹⁰⁰ GovTrack.us, "H.R. 689: States' Medical Marijuana Patient Protection Act," <https://www.govtrack.us/congress/bills/113/hr689>, (Accessed 28 Nov)

¹⁰¹ Marijuana Policy Project, "Federal Policy," <http://www.mpp.org/our-work/federal-policy/>, (Accessed: 2 Dec)

2014 maintains a theme parallel to this proposal in that it also seeks to segregate medical marijuana from its contemporary definition as it is written in the CSA. Introduced July of this year by Rep. Scott Perry (R-PA), H.R.5226 seeks "to amend the Controlled Substances Act to exclude therapeutic hemp and cannabidiol from the definition of marijuana, and for other purposes."¹⁰² Like this proposal, the bill defines "therapeutic hemp" as high CBD, low THC (not more than .3 percent) and "cannabidiol" as the substance derived from therapeutic hemp.¹⁰³ A House review has been scheduled, however, GovTrack.us only gives it a 7 percent chance of passing committee and a 3 percent chance of being enacted.¹⁰⁴

Media and the public: In spite of the countless failed Congressional attempts to pass a marijuana reform bill, the polls show public support for reform increasing. The relatively recent political fervor of a mere handful of elected officials to side with reform is in part due to this growing public support. Increased public support can be traced to the success of the media's ability to develop awareness. Broadcast media and the Internet have been very instrumental in bringing the medical marijuana debate to mainstream America. The 2012 CNN documentary entitled "Weed" brought the plight of the severely ill to light for many. It showed how effective the drug was in helping a five year old girl with epilepsy. The almost immediate therapeutic effect of taking cannabis oil for Charlotte Figi was clearly visible. Her parents claimed it reduced the number of seizures she experienced

¹⁰² H.R.5226 - 113th Congress (2013-2014), "Charlotte's Web Medical Hemp Act of 2014," Library of Congress, <https://www.congress.gov/bill/113th-congress/house-bill/5226/actions>, (Accessed: 2 Oct)

¹⁰³ H.R.5226 - 113th Congress (2013-2014), "Charlotte's Web Medical Hemp Act of 2014," Library of Congress, <https://www.congress.gov/bill/113th-congress/house-bill/5226/text>, (Accessed: 2 Oct)

¹⁰⁴ GovTrack.us, "H.R.5226: Charlotte's Web Medical Hemp Act," <https://www.govtrack.us/congress/bills/113/hr5226>, (Accessed: 28 Nov)

from 300 a week to just 1.¹⁰⁵ The story and image this documentary portrayed was profound. So much so that many proponents of reform refer back to it as reference on marijuana's potential as medicine.

Several other similar stories made popular by media further influenced a mass consensus and acceptance of medical marijuana use. The CBS poll taken just this January provides a breakdown by demographics of those surveyed. It reported growth in support among men and women up to the age of 65.¹⁰⁶ Senior citizens 65 and up, though remained staunchly opposed to legalizing recreational marijuana, acknowledged their support for medical use nevertheless.¹⁰⁷ Other demographics reviewed by the poll include those with annual incomes above and below \$100 thousand. From the last poll in April of 2013 to this recent January 2014 one, the percentage of supporters for marijuana legalization grew by 6 percent for those making less than \$100 thousand (44% to 50%) while those making more showed a 12 percent increase in support (from 52% to 64%).¹⁰⁸

Scientists: As mentioned, there are over 400 different chemicals found in marijuana. The complexity of the plant's makeup and the fact that each plant may significantly vary from one to the next has long kept scientists from completely understanding all of its

¹⁰⁵ Sanjay Gupta, "Weed - A CNN Special Report by Dr. Sanjay Gupta," CNN, (at 33:55 into the documentary), https://www.youtube.com/watch?v=hrVXRZY1_x0, (Accessed: 22 Nov)

¹⁰⁶ Sarah Dutton, Jennifer De Pinto, Anthony Salvanto, Fred Backus, "Majority of Americans now support legal pot, poll says," CBS News, <http://www.cbsnews.com/news/majority-of-americans-now-support-legal-pot-poll-says/>, (Accessed: 23 Nov 2014)

¹⁰⁷ Harvard University Institute of Politics, "Political Issue: Marijuana," <http://www.iop.harvard.edu/political-issue-marijuana>, (Accessed: 23 Nov 2014)

¹⁰⁸ Sarah Dutton, Jennifer De Pinto, Anthony Salvanto, Fred Backus, "Majority of Americans now support legal pot, poll says," CBS News, <http://www.cbsnews.com/news/majority-of-americans-now-support-legal-pot-poll-says/>, (Accessed: 23 Nov 2014)

effects. This anomaly further complicates research and hinders the FDA approval process in that pharmacology requires exactness. The dosage of ingredients in one pill of a drug must match exactly the dosage of the next. In the past, the inability to establish precise measurements, much less properly identify the effects of the multiple compounds found in marijuana has been a barrier to federal approval for commercial use all in itself.

Researchers acknowledge the need for more studies. However, many attempts to initiate such studies have been denied by the Federal Government. NIDA's tight hold on the only authorized source of research marijuana prevents access for many researchers attempting to examine the drug for its therapeutic potential. And without research, marijuana will continue to remain a Schedule I lacking in accepted studies that would support the drug's claim to medicine.

The U.S. has fallen behind other countries in medical research involving marijuana. Scientists in other countries have made some astonishing revelations with research into the benefits of marijuana. In Spain, studies are being conducted to discover whether marijuana can kill cancer. There, research using cannabinoids to target cancer in human subjects produced "anti-tumor responses."¹⁰⁹ Aggressive brain tumors - the type that is "highly resistant to current anticancer treatment," showed signs of "autophagy,"¹¹⁰ a term referring to the digestion of damaged structures within a cell. Also, mice with

¹⁰⁹ David McNamee, Medical News Today, "Further evidence that cannabis reduces tumor growth in new study," 14 July 2014, <http://www.medicalnewstoday.com/articles/279571.php>, (Accessed: 5 Dec)

¹¹⁰ David, McNamee, Medical News Today, "Further evidence that cannabis reduces tumor growth in new study," 14 July 2014, <http://www.medicalnewstoday.com/articles/279571.php>, (Accessed: 5 Dec)

introduced human breast cancer cells showed an "anti-tumor response"¹¹¹ to doses of THC. Scientists there announced "THC, the major active component of marijuana, has anti-cancer properties."¹¹² It is worth noting that though this study involved the use of THC, "cannabinoid delivery was safe and could be achieved without overt psychoactive effects."¹¹³ The results are published in the British Journal of Cancer and the journal of Molecular Cancer Therapeutics.

In the UK, scientific research has led to the development of Sativex (technical name: nabiximols), a THC and CBD compound synthetic drug used to relieve cancer pain and multiple sclerosis symptoms. The spray form of the drug was first introduced in Canada and the UK in 2010. Upon its 2010 introduction by the two countries, it quickly gained approval for use in Spain, Czech Republic, Denmark, Germany, Sweden, Austria, Italy, New Zealand and Switzerland.¹¹⁴ The FDA, late to acknowledge Sativex, has since initiated investigations into its claims. Phase III trials of an FDA approved process is scheduled for this year.¹¹⁵ However, the drug Sativex does come with some drawbacks. Annual coverage prices for the drug could reach as high as \$16,000 (US).¹¹⁶

¹¹¹ David McNamee, Medical News Today, "Further evidence that cannabis reduces tumor growth in new study," 14 July 2014, <http://www.medicalnewstoday.com/articles/279571.php>, (Accessed: 5 Dec)

¹¹² David McNamee, Medical News Today, "Further evidence that cannabis reduces tumor growth in new study," 14 July 2014, <http://www.medicalnewstoday.com/articles/279571.php>, (Accessed: 5 Dec)

¹¹³ British Journal of Cancer, "A pilot clinical study of tetrahydrocannabinol in patients with recurrent glioblastoma multiforme," 27 June 2006, <http://www.nature.com/bjc/journal/v95/n2/abs/6603236a.html>, (Accessed: 5 Dec)

¹¹⁴ ProCon.org, "Medical Marijuana, 10 Pharmaceutical Drugs Based on Cannabis," <http://medicalmarijuana.procon.org/view.resource.php?resourceID=000883>, (Accessed: 3 Dec)

¹¹⁵ ProCon.org, "Medical Marijuana, 10 Pharmaceutical Drugs Based on Cannabis," <http://medicalmarijuana.procon.org/view.resource.php?resourceID=000883>, (Accessed: 3 Dec)

¹¹⁶ Leaf Science, "7 Things You Need To Know About Sativex", <http://www.leafscience.com/2014/03/08/7-things-need-know-sativex/>, Mar 8, 2014, (Accessed: 3 Oct)

Additionally, due to Sativex's 1:1 ratio of THC to CBD, it can still cause "symptoms of cannabinoid intoxication."¹¹⁷

Recommendation:

This policy proposal is a recommendation for executive action, not one that requests nor requires an act of Congress. Putting this recommendation to Congress is not an option. Due to the current political turmoil in Congress, as evident with the recent gridlock, passing a major marijuana law reform through both chambers would be as likely as achieving universal agreement on any major agenda from both political parties. Furthermore, this policy proposal does not recommend the legalization of recreational marijuana. This proposal treats medical marijuana as a separate entity from its more habit forming cousin. High CBD, low THC therapeutic marijuana is neither habit forming nor does it have the ability to induce intoxication. The non-inhalant forms available today (oils, tincture, pills, and liquid) enables the avoidance of smoking the medicine - a method of introduction that may lead to harmful secondary effects.

The time is ripe for change. Public support for medical marijuana is at an all time high. If the President were to exert his executive powers to unilaterally amend the CSA by allowing for the end to the medical marijuana prohibition, he would have the backing of the American people.

¹¹⁷ Leaf Science, "7 Things You Need To Know About Sativex", <http://www.leafscience.com/2014/03/08/7-things-need-know-sativex/>, Mar 8, 2014, (Accessed: 3 Oct)

The President is no stranger to the use of his executive powers. The President has relied on it to reduce power plant emissions,¹¹⁸ sign 23 separate gun control measures,¹¹⁹ raised the minimum wage, acknowledged same-sex couples, and influence immigration policies.¹²⁰ You vowed in January during a speech at North Carolina State University, saying "when I can act on my own without Congress, I'm going to do so."¹²¹ This policy presents an opportunity to do so. Statistics indicate such a decision to delist medical marijuana from the CSA would have the backing of the masses.

Medical marijuana has caused considerable disparity between Federal and State government standings, law makers, the science and medical community, and between respective law enforcers and the severely ill. The Federal government must see to the needs of the ailing millions who have been slighted and suffer needlessly. Direct emphasis from the Administration is needed to end this disparity. Reclassifying medical marijuana translates to providing effective treatment to patients with severe medical issues that don't currently have effective treatment. It would also afford for comprehensive studies to discover every therapeutic benefit the drug may have to offer. In order to allow for a complete understanding of the complexity of therapeutic marijuana, its federal classification must be delisted from Schedule I and additional producers enrolled with DEA. The CSA currently classifies marijuana as a Schedule I narcotic with no accepted medical use. And while significant studies and clinical trials

¹¹⁸ Sebastian Payne, "How Obama has used executive powers compared to his predecessors," The Washington Post, 10 July 2014, (Accessed: 5 Dec)

¹¹⁹ Evan Soltas, "Wonkbook: Everything you need to know about Obama's gun control plan," The Washington Post, 17 January 2013, (Accessed: 5 Dec)

¹²⁰ Sebastian Payne, "How Obama has used executive powers compared to his predecessors," The Washington Post, 10 July 2014, (Accessed: 5 Dec)

¹²¹ Reid J. Epstein, "Obama: I'll act without Congress when I can," 15 January, 2014, <http://www.politico.com/story/2014/01/president-obama-economy-102218.html>, (Accessed: 2 Dec)

have shown otherwise, most scientists and law makers on both sides agree that more studies are needed. An amendment to the 1970 Controlled Substance Act is needed post haste if every aspect of medical marijuana is to be fully studied and exploited in time to help the millions that are now suffering. Accordingly, the Federal government must advocate for the medical benefits of marijuana if evidence supports it.

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Curriculum Vitae

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Status: U.S. Army, Active Duty Regular Army

Rank: MAJ

Date of Rank: 01 February 2012

CURRENT ASSIGNMENT

August 2012-Present

United States Army Student Detachment

Assigned at: Johns Hopkins University
Krieger School of Arts and Science

CIVILIAN EDUCATION

Johns Hopkins University, Krieger School of Arts and Science, Washington DC

- **Master of Arts in Public Management** 2013-2014

Institute of World Politics, Washington DC

- **Certificate in National Security Affairs** 2012-2013

Regis University

- **Bachelors of Science in Business Administration** 1996-2000

MILITARY EDUCATION

Army Command and General Staff College Intermediate-Level Education 2012

Field Artillery Captains Career Course 2008

U.S. Army Defense Strategy Course 2008

U.S. Army Rangers Course 2000

Field Artillery Basic Officer Course 2000

Airborne School 1997

Air Assault School 1997

PROFESSIONAL EXPERIENCE

Headquarters and Support Company, V Corps

Wiesbaden, Germany

Company Commander

July 2010 – March 2012

- Commanded an organization of 415 personnel with \$70 million value in assets
- Managed the usage and maintenance program of a 72 vehicle fleet
- Oversaw a 362 seating capacity Army dining facility, the second largest in Germany
- Developed and executed detailed training plans in maintaining combat-ready proficiencies
- Collaborated with host nation officials on the development of

multinational trainings

Headquarters, US Army Europe

Heidelberg, Germany

Operations Planner

August 2009 – Jun 2010

(Office of the Commanding General)

- Coordinated and synchronized movement plans for the US Army Europe Commanding General
- Interacted with embassy officials in 48 European countries to facilitate top-tier engagements

Strategic Plans Officer

August 2008 – August 2009

- Established and led operational planning teams in the development of contingency plans
- Developed programs, policies, theater strategic and operational level plans

G3, V Corps

Hanau, Germany

Dept. of the Army, Deployment Coordinator

October 2004 – July 2008

- Coordinated movement of personnel and equipment for deliberate and crisis deployments
- Synchronized all transportation requirements with host nation rail, military air, and sea assets
- Supervised and accounted for all deployed and redeployed equipment to and from theater
- Facilitated transition and movement of all rebased equipment from Germany to the U.S.
- Conducted instructional deployment briefs at major organizational training seminars

MILITARY AWARDS/DECORATIONS

Bronze Medal

Army Commendation Medal (x2)

Army Achievement Medal (x5)

Valorous Unit Award

Meritorious Unit Commendation

Army Good Conduct Medal (x2)

National Defense Service Medal

Southwest Asia Service Medal (x2)

Global War on Terrorism Expeditionary Medal

Global War on Terrorism Service Medal

Army Service Ribbon

Overseas Service Ribbon (x3)

Kuwait Liberation Medal