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National Institute on Drug Abuse

Office of Science Policy and Communications, Public Information and Liaison Branch

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U.S. Department of Health & Human Services

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Washington, D.C. 20201

Department of Justice, U.S. Department of Justice

950 Pennsylvania Avenue, NW

Washington, DC 20530-00

RE: Notice of Intent to litigate on behalf of Plaintiffs of The National Cannabis Patients Wall

P.O. Box 253

Gainesboro, TN 38588

Dear Sirs and Madams,

This letter is to inform you that the National Cannabis Patients Wall, a patient based, non-profit organization, has sought legal assistance with the intent of pursuing litigation in order to ensure the end of federal medical Cannabis/Marijuana Prohibition.

Pursuant to the Common Law doctrine of necessity (U.S. v. Randall). On November 24, 1976, federal Judge James Washington ruled: While blindness was shown by competent medical testimony to be the otherwise inevitable result of the defendant's disease, no adverse effects from the smoking of marijuana have been demonstrated...Medical evidence suggests that the medical prohibition is not well-founded

[The 14th Amendment](#) to the Constitution was ratified on July 9, 1868, and granted citizenship to “all persons born or naturalized in the United States,” which included former slaves recently freed. In addition, it forbids states from denying any person "life, liberty or property, without due process of law" or to "deny to any person within its jurisdiction the equal protection of the laws.”

OUR GOALS IN THIS PURSUIT OF LITIGATION ARE AS FOLLOWS

To ensure that all suffering and often seriously ill Americans, regardless of State of residency, have the right to obtain and use cannabis/marijuana for medicinal purposes where the medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana in the treatment of seizures, cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or ANY other illness for which cannabis/marijuana provides relief for as prescribed by a licensed physician.

To insure that patients and their primary caregivers who obtain and use cannabis/marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction. , "Primary caregiver" means the individual designated by the person exempted under this act who has consistently assumed responsibility for the housing, health, or safety of that patient.

Nothing in this petition shall be construed to supersede legislation prohibiting persons from engaging in conduct that endangers others, nor to condone the diversion of cannabis/marijuana for nonmedical purposes.

Notwithstanding any other provision of law, no physician in any state shall be punished, or denied any rights or privilege, for having recommended cannabis/marijuana to a patient for medical purposes. Possession of cannabis/marijuana, and the cultivation of cannabis/marijuana, shall be federally allowable for any patient, or the patient's primary caregiver, who possesses or cultivates cannabis/marijuana for the personal medical purposes of the patient upon the written prescription or oral recommendation or approval of a physician.

We respectfully request the government's attention for redress of grievances as is our first amendment right.

In our pursuit of litigation it is our belief that various causes of action exist, both civil and/or criminal, which include but are not limited to the following demands :

Repeal of Federal Cannabis/Marijuana Prohibition

Remove Marijuana from DEA Schedule 1 Status, Legalize Medical Use and Cultivation for Medical Use

That the federal and state governments do expediently implement a plan to provide for the safe and affordable distribution of cannabis/marijuana to all patients in medical need of cannabis/marijuana, including, but not limited to the following,

Protection for those Patients seeking and requiring government assistance, whether federal or state, whereby they cannot be denied such assistance.

Employment protections for all Patients, whether civil or federal employees.

Housing protection for all patients, whereby they will not lose their rights to housing, government or private, simply because of cannabis/marijuana patient status.

Protection of Driver's Licenses. No Patient shall be denied the opportunity to operate a motor vehicle, simply due to cannabis/marijuana patient status.

Medical Cannabis/marijuana safe access without tax to Patients

The release of all non violent Cannabis/Marijuana offenders now imprisoned, with Expungement of their records.

Reparations for the needless suffering, and often death of all Plaintiffs and their families, in the amount of One Million Dollars for those living and Two Million Dollars for those deceased.

Please see attached supporting documentation :

National Cannabis Patients Wall Class Action Civil Suit Argument:

People have been fighting for legal access to medical cannabis since before it was made illegal. It is time for our Government to stop denying that cannabis is safe medicine and to allow all patients equal protection under the law. It is time to allow all patients the right to cannabis treatment as it is allowed in other the 23 states including our very own state capital.

Our government has done lengthy studies, like the Shafer Commission Report done for President Nixon also the LaGuardia Report prepared by the New York Academy of Medicine, on behalf of a commission appointed in 1939 by New York Mayor Fiorello LaGuardia. Every study suggests that cannabis is safer than most other drugs and should be legal and would be beneficial in many ways to the patients. Many new studies are showing that ingesting cannabis or its extracts can prevent diabetes, alzheimer's, and is generally great for you. Why are some allowed while so many still denied? Why does our government not see the need for change?

NCPW maintains that cannabis is medicine and has been approved by the government for medical use since 1978: The Federal Government has filled prescriptions for medical marijuana to patients for treatment under the Compassionate Investigational New Drug (IND) program since November 1976 when Robert Randall sued for legal access in Randall vs US and won, the government has in fact validated the case that medical marijuana patients have the right to receive treatment even when it directly violated federal law. Since May 10, 1978 medical cannabis has been provided monthly by the National Institute on Drug Abuse (NIDA) to federal medical marijuana patients like Irv Rosenfeld and Elvy Mussika who still receive monthly shipments in the mail as of the writing of this complaint. So why does it continue to declare cannabis to have no accepted medical use and keep it federally illegal to certain groups of patients but not others.

NCPW further suggests that cannabis is not only a commonly accepted medical treatment, it is the safest medicine known to man as stated in this federal document and an essential food source for the prevention of many illnesses.

The following government document reinforces our arguments.

UNITED STATES DEPARTMENT OF JUSTICE
Drug Enforcement Administration

In The Matter Of MARIJUANA RESCHEDULING PETITION
DATED SEP 6 1988 Docket No. 86-22
ACCEPTED SAFETY FOR USE UNDER MEDICAL SUPERVISION

With respect to whether or not there is "a lack of accepted safety for use of [marijuana] under medical supervision", the record shows the following facts to be uncontroverted. In The Matter Of MARIJUANA RESCHEDULING PETITION

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Findings of Fact

1. Richard J. Gralla, M.D., an oncologist and Professor of Medicine who was an Agency witness, accepts that in treating cancer patients oncologists can use the cannabinoids with safety despite their side effects.

2. Andrew T. Weil, M.D., who now practices medicine in Tucson, Arizona and is on the faculty of the College of Medicine, University of Arizona, was a member of the first team of researchers to perform a Federal Government authorized study into the effects of marijuana on human subjects. This team made its study in 1968. These researchers determined that marijuana could be safely used under medical supervision. In the 20 years since then Dr. Weil has seen no information that would cause him to reconsider that conclusion. There is no question in his mind but that marijuana is safe for use under appropriate medical supervision.

3. The most obvious concern when dealing with drug safety is the possibility of lethal effects. Can the drug cause death?

4. Nearly all medicines have toxic, potentially lethal effects. But marijuana is not such a substance. There is no record in the extensive medical literature describing a proven, documented cannabis-induced fatality.

5. This is a remarkable statement. First, the record on marijuana encompasses 5,000 years of human experience. Second, marijuana is now used daily by enormous numbers of people throughout the world.

Estimates suggest that from twenty million to fifty million Americans routinely, albeit illegally, smoke marijuana without the benefit of direct medical supervision. Yet, despite this long history of use and the extraordinarily high numbers of social smokers, there are simply no credible medical reports to suggest that consuming marijuana has caused a single death.

6. By contrast aspirin, a commonly used, over-the-counter medicine, causes hundreds of deaths each year.

7. Drugs used in medicine are routinely given what is called an LD-50. The LD-50 rating indicates at what dosage fifty percent of test animals receiving a drug will die as a result of drug induced toxicity. A number of researchers have attempted to determine marijuana's LD-50 rating in test animals, without success. Simply stated, researchers have been unable to give animals enough marijuana to induce death.

8. At present it is estimated that marijuana's LD-50 is around 1:20,000 or 1:40,000. In layman terms this means that in order to induce death a marijuana smoker would have to consume 20,000 to 40,000 times as much marijuana as is contained in one marijuana cigarette. NIDA-supplied marijuana cigarettes weigh approximately .9 grams. A smoker would theoretically have to consume nearly 1,500 pounds of marijuana within about fifteen minutes to induce a lethal response.

9. In practical terms, marijuana cannot induce a lethal response as a result of drug-related toxicity.

10. Another common medical way to determine drug safety is called the therapeutic ratio. This ratio defines the difference between a therapeutically effective dose and a dose which is capable of inducing adverse effects.

11. A commonly used over-the-counter product like aspirin has a therapeutic ratio of around 1:20. Two aspirins are the recommended dose for adult patients. Twenty times this dose, forty aspirins, may cause a lethal reaction in some patients, and will almost certainly cause gross injury to the digestive system, including extensive internal bleeding.

12. The therapeutic ratio for prescribed drugs is commonly around 1:10 or lower. Valium, a commonly used prescriptive drug, may cause very serious biological damage if patients use ten times the recommended (therapeutic) dose.

13. There are, of course, prescriptive drugs which have much lower therapeutic ratios. Many of the drugs used to treat patients with cancer, glaucoma and multiple sclerosis are highly toxic. The therapeutic ratio of some of the drugs used in antineoplastic therapies, for example, are regarded as extremely toxic poisons with therapeutic ratios that may fall below 1:1.5. These drugs also have very low LD-50 ratios and can result in toxic, even lethal reactions, while being properly employed.

14. By contrast, marijuana's therapeutic ratio, like its LD-50, is impossible to quantify because it is so high.

15. In strict medical terms marijuana is far safer than many foods we commonly consume. For example, eating ten raw potatoes can result in a toxic response. By comparison, it is physically impossible to eat enough marijuana to induce death.

16. Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care.

“The evidence in this record clearly shows that marijuana has been accepted as capable of relieving the distress of great numbers of very ill people, and doing so with safety under medical supervision. It would be unreasonable, arbitrary and capricious for DEA to continue to stand between those sufferers and the benefits of this substance in light of the evidence in this record.”

NCPW concludes that if this was the case in 1988 then with so much more available data now cannabis is an even safer choice as more patients are healed and document it with doctors and studies. Studies continue to show cannabis is safe and cures or relieves symptoms of many illness, see this one for long term use on four of the original federal marijuana patients in the IND program “Studies have shown the long-term use of cannabis to be safe. In contrast to many other medicinal drugs, the long-term use of cannabis does not harm stomach, liver, kidneys and heart.”

The Missoula Chronic Clinical Cannabis Use Study examined the effects of long-term and legal medical marijuana use. Russo et al. (2002) demonstrated that regular use of cannabis for more than ten years does not cause major harm to patients: [SEE FULL DOCUMENT](#)

<http://medicalmarijuana.procon.org/sourcefiles/RussoChronicCannabisUse.pdf>

NCPW maintains that the United States Federal Government has illegally denied, patient's constitutional rights guaranteed by the 14th Amendment to equal protection by the law. By providing cannabis for medical treatment itself since 1978 and by allowing states to give legal access to some while others suffer and fight for the same access is inhuman.

Google Search Results definition is in·hu·man in¹(h)yōōmən/ adjective adjective: inhuman lacking human qualities of compassion and mercy; cruel and barbaric.

Legal Medical Marijuana Patients: 1,137,069

Estimated number if medical marijuana were legal throughout all 50 US states and DC 2,434,192

(based on Avg. of 7.7 patients per 1,000)5 total medical marijuana users in 19 (out of 23) states and DC with legal medical marijuana (as of Oct. 2014) SEE ORIGINAL SOURCE
<http://medicalmarijuana.procon.org/view.resource.php?resourceID=005889>

According to the estimates in this article 1,297,123 + patients that would be legal patients are being denied medical treatment as of Oct 2014. How many are there now? Every patient deserves equal treatment under the law and since cannabis has been used as a whole plant medicine for over 5,000 years without a single verified death the National Cannabis Patients Wall says repeal prohibition now and stop the suffering.

Information about the National Cannabis Patients Wall:

"The National Cannabis Patients Wall" now over 18,000 strong and growing, not only signifies our solidarity as patients in need of a safe and effective alternative to harsh pharmaceuticals, it also signifies the barriers we must overcome, our current State and Federal laws, that keep us from the medicine we desire and need. We plan on building display walls, inspired by the veterans wall honoring veterans, and all our Patients. to honor the patient's fight against cannabis prohibition. Upon completion, our Wall shall be displayed in Washington D.C. and every State Capital across our nation. We strive to provide education about medical cannabis and help share current political updates to encourage global change in the general perception of cannabis and the reform of cannabis laws worldwide.

To accomplish our goals we have created and maintain:

- National Cannabis Patients Wall Project (National and International) ~ www.ncpwall.org
- National Cannabis Patients Wall [Facebook Page](#) for wall project updates.
- Facebook groups focused on [Patient Support](#), [Studies](#), and [Bills](#).
- Social networking Channels for [Twitter](#), [Google](#), & [YouTube](#) to effectively distribute information and to encourage cannabis activism & positive change in the reform of medical cannabis laws worldwide.

We look forward to your response.

Respectfully,

Dana M Arvidson

Founder and Executive Director ~ The National Cannabis Patients Wall, Founding Member ~
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