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October 31, 2016

Sen. Charles E. Grassley 135 Hart Senate Office Building Washington, D.C. 20510-1501

Dear Sen. Grassley,

Thank you for your thoughtful letter of October 5, 2016, regarding the medical use of marijuana. In your letter, you make several errors in logic I would like to bring to your attention.

First, I am not asking you to approve smoked marijuana for anything. You should respect states' rights. States that allow people to smoke marijuana at their own risk, are just like states that allow cigarettes, alcohol, fireworks, and a multitude of other activities that may not be choices you would make. The federal government can't be involved in micromanaging the lives of citizens this way. We have state legislators to address these issues.

Second, we do not force pharmaceutical drug manufacturers to use substances in federal schedule 1 to make medicines. You're in favor of keeping marijuana in schedule 1, which insures it will be extremely difficult to make anything from it. That is an error in logic. You can't show any example of any other FDA approved medicine that was made from anything in Schedule 1, and I really think you're smart enough to know it. You're not being honest. The two drugs you mention, Epidiolex and Sativex are both made in Great Britain where marijuana is not locked away in some ridiculous schedule that prevents it's medical use.

The American Academy of Neurology recommended marijuana be removed from federal schedule 1 in December of 2014, and the American Academy of Pediatrics recommended marijuana be removed from federal schedule 1 in January of 2015. Both of those organizations made it crystal clear they do not support the smoking of marijuana. So, you're distorting the truth by associating smoking marijuana with removal of marijuana from federal schedule 1. Expert medical organizations know the difference. Why don't you? Or, do you?

Third, your claim that Marinol is extracted from marijuana is false. Marinol is synthetic THC. So, again, nothing approved by the FDA is made from anything in federal schedule 1. And, again, you're too smart not to know this already without me having to tell you. Be honest.

Fourth, you want to make research on marijuana for extraction of cannabidiol to proceed as if it were in schedule 2, which is contrary to the statute. That is why you think you need to propose a new law like your Cannabidiol Research Expansion Act. If you want to act like the research is not obstructed by schedule 1, then removed schedule 1. Acting like it is in schedule 2 is nonsense. Put it in the schedule it belongs in, instead of going to the extreme by trying to amend the language of the statute. It's just a bad idea. You can do better than that. I know you can.

Fifth, you talk about cannabidiol being safer than THC, but pure THC in a pill (Marinol) is in federal schedule 3. You want to make cannabidiol as if it were schedule 2. What kind of nonsense is that? You're bad mouthing a drug the FDA has already approved and the DEA has already placed in schedule 3 to make an argument that a substance that is safer belongs in schedule 2. Are you now suggesting that Marinol be placed in schedule 1? There is no logic to the arguments you are making.

There are two way to resolved this.

First, marijuana could be removed from federal schedule 1 by executive order, because it has accepted medical use in 42 states (either in raw plant form, or as an extract from the plant). On November 8, the number of states accepting the medical use of marijuana is likely to increase.

Second, marijuana could be removed from federal schedule 1 by an act of Congress, which is why we are asking you to hold hearings on the

CARERS Act. If you don't like some provisions in the CARERS Act, then offer an amendment to it.

I do agree the FDA and the DEA will never voluntarily remove marijuana from schedule 1, so I am asking you to take aggressive action to remove marijuana from federal schedule 1. Removing marijuana from federal schedule 1 does not approve it for anything. All it would do is make it easier to do research. So, stop with the smoke screen. I see through it.

Finally, I might add that legalization for non-medical use is a valid reaction to your obstruction on this issue. If you don't want people to use marijuana under medical supervision, then they will just use it without medical supervision. That's just great. Thanks for nothing.

Again, thank you for your interest in this issue. I look forward to hearing from you again soon.

Sincerely,

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Carl Olsen