No. 20-71433

IN THE UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

SUZANNE SISLEY, M.D.; SCOTTSDALE RESEARCH INSTITUTE, LLC; BATTLEFIELD FOUNDATION D/B/A FIELD TO HEALED; LORENZO SULLIVAN; KENDRICK SPEAGLE; AND GARY HESS

Petitioners,

v.

DRUG ENFORCEMENT ADMINISTRATION; WILLIAM BARR, ATTORNEY GENERAL; AND TIMOTHY SHEA, ACTING ADMINISTRATOR, DRUG ENFORCEMENT ADMINISTRATION,

Respondents.

PETITION FOR REVIEW FILED BY SUZANNE SISLEY, M.D.; SCOTTSDALE RESEARCH INSTITUTE, LLC; BATTLEFIELD FOUNDATION D/B/A FIELD TO HEALED; LORENZO SULLIVAN; KENDRICK SPEAGLE; AND GARY HESS

BRIEF OF IRAQ AND AFGHANISTAN VETERANS OF AMERICA AS AMICUS CURIAE IN SUPPORT OF PETITION FOR REVIEW

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CORPORATE DISCLOSURE STATEMENT

Pursuant to Fed. R. App. P. 26.1, Iraq and Afghanistan Veterans of America (IAVA) certifies that it has no parent corporation and issues no stock. No publicly held company has 10% or greater ownership in IAVA.

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IDENTITY AND INTEREST OF AMICUS CURIAE

Iraq and Afghanistan Veterans of America (IAVA) is the leading non-profit devoted to the interests of the post-9/11 generation of veterans, with 425,000 members comprised largely of veterans of the wars in Iraq and Afghanistan. IAVA's membership also includes active duty service members, military spouses and dependents, civilian supporters, and other veterans who served domestically or abroad.

Since its founding in 2004, IAVA has been the leader in veteran awareness and advocacy. IAVA began by fighting for body armor for troops and has worked for years to bring national attention to veteran suicide. Many groups support veterans, but IAVA reshapes the landscape and changes history by influencing policy and law that improves the lives of all America's veterans.

IAVA's number one priority is to continue the campaign to combat suicide among troops and veterans. Twenty military and veterans die each day by suicide. The IAVA-led Campaign to Combat Suicide and passage of the Clay Hunt Suicide Prevention for American Veterans Act have had an impact, but veterans continue to be more at risk for suicide. The growing need for mental health care continues to stress an already overstressed system. Every day, we are losing more veterans to suicide.

Medical marijuana holds promise for treatment-resistant post-traumatic stress disorder (PTSD), but randomized controlled studies with real-world medical marijuana are necessary to determine the efficacy and safety of medical marijuana as a PTSD treatment. A significant percentage of combat veterans develop PTSD, and suicide is more frequent among veterans suffering PTSD. Consequently, the prevention or delay of clinical research into medical marijuana as a safe and effective treatment has a direct impact on IAVA's constituency.

Respondents have consented to the filing of this brief.

GLOSSARY

DEA	U.S. Drug Enforcement Administration
IAVA	Iraq and Afghanistan Veterans of America
PTSD	Post-Traumatic Stress Disorder
SRI	Scottsdale Research Institute, LLC
VA	Veterans Administration

STATEMENT OF AUTHORSHIP AND FINANCIAL CONTRIBUTIONS

No party's counsel authored the brief in whole or in part, no party or party's counsel contributed money that was intended to fund preparing or submitting the brief, and no person other than the IAVA, its members, or its counsel contributed money that was intended to fund preparing or submitting the brief.

SUMMARY OF ARGUMENT

PTSD related veteran suicide is a national health crisis. The Department of Veterans Administration (VA) estimates that twenty military and veterans die by suicide each day. Veterans suffering from post-traumatic stress disorder (PTSD) experience anxiety, depression, insomnia, anger, and a host of other symptoms strongly correlated with suicide risk. It cannot be reasonably disputed that combat veterans suffering with PTSD are at increased risk for suicide.

There are only two federally approved treatments for PTSD. Those two treatments leave *forty percent* of PTSD sufferers with *no* relief and nearly *eighty percent* of PTSD sufferers with PTSD *symptoms* that decrease their quality of life and increase their risk for suicide. Despite efforts to eliminate veteran suicide, veteran suicide rates are increasing, not decreasing. Sadly, but understandably, our veterans feel that America is not looking out for their interests.

Medical marijuana holds promise as a safe and effective treatment for PTSD. Correlational and observational studies support the conclusion, and there is a neurobiological basis for the reported efficacy. In states where recreational marijuana is legal, veterans suffering with PTSD are self-medicating. In the states where marijuana is available by prescription for PTSD sufferers, doctors are prescribing marijuana as a PTSD treatment. This use is occurring without the benefit of a randomized controlled study of marijuana as a treatment for PTSD,

without the benefit of health insurance, and without the ability for the veteran to coordinate marijuana use with his/her VA medical team.

Marijuana's Schedule 1 status prevents the VA and private practitioners from studying the efficacy, benefits and risks of medical marijuana and thus harms veterans' health and welfare. To the extent that randomized and controlled studies show that medical marijuana is a safe and effective treatment for PTSD, marijuana's Schedule 1 keeps life-saving treatment away from veterans suffering with PTSD who reside in states where medical marijuana is not available or where medical marijuana is available, but cannot be afforded. To the extent that studies show that medical marijuana is not a safe treatment for PTSD, marijuana's Schedule 1 status harms veterans who are self-medicating with marijuana or being prescribed medical marijuana in states where it is legal to do so.

Nearly all veterans agree that there should be robust clinical research of medical marijuana as a PTSD treatment and that they would be willing to try medical marijuana as a PTSD treatment if it was approved as such. The veterans who take this position are of all ages, come from both major political parties, and a variety of backgrounds. This is a health issue not a political one.

ARGUMENT

This Court should grant Petitioners' Petition for Review because veterans' health and welfare is at stake; Marijuana's Schedule 1 status prevents the VA and private practitioners like Dr. Sisley from conducting clinical trials on real-world medical marijuana as a treatment for PTSD; and decreasing veteran suicide by prioritizing research activities is a national priority.

I. PTSD Related Veteran Suicide Is A National Health Problem.

A. Suicides are more frequent among veterans with PTSD.

Studies show that "[s]uicides are more frequent in those who develop PTSD, depression and comorbid states due to war exposure,"[1] and "[r]ecent evidence has . . . underscored the importance of PTSD as an underlying risk factor of suicide."[2] Indeed, "suicidal ideation [is] some 4-times more frequent in PTSD-sufferers."[3] According to a 2012 article published in the CLEVELAND CLINIC JOURNAL OF MEDICINE: "Combat veterans are not only more likely to have suicidal ideation,

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[1] Vsevolod Roznavo and Vladimir Carli, *Suicide among War Veterans*, 9 INT. J. ENVIRON. RES. PUBLIC HEALTH 2504 (July 19, 2012) at "Abstract", https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3407917/. *See also* Javier Hasse and Alex Oleinic, *PTSD, Veterans and Suicide: Action Is Needed, And Cannabis May Help*, Yahoo Finance (May 15, 2019), https://finance.yahoo.com/news/ptsd-veterans-suicide-action-needed-173704113.html (last visited Aug. 7, 2019) ("The exact cause of why so many veterans choose to end their own lives is hard to determine. One of the most common factors that has been identified in medical studies is post-traumatic stress disorder, or PTSD.").

[2] *Id.*

[3] *Id.*

often associated with posttraumatic stress disorder (PTSD) and depression, but they are more likely to act on a suicidal plan."[4]

All of this scientific evidence comports with common sense. Combat veterans witness and experience all sorts of trauma. A certain percentage of people who experience severe trauma develop PTSD.[5] The symptoms of PTSD –

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[4] Leo Sher, Maria D. Braquehais, and M. Casas, *Posttraumatic stress disorder, depression and suicide in veterans*, 79 CLEV. CLIN. J. OF MED. 92 at 92 (Feb. 2012), https://www.ncbi.nlm.nih.gov/pubmed/22301558.

[5] The rates of PTSD among veterans are much greater than among non-veterans. *See, e.g.,* Elizabeth Ralevski, Lening A. Olivera-Figueroa, and Ismene Petrakis, *PTSD and comorbid AUD: a review of pharmacological and alternative treatment options*, 5 SUBST. ABUSE REHABIL. 25 at 26 (2014), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3953034/ ("The rates among military personnel are much higher than those in the general population. Among male and female soldiers aged 18 years or older returning from Iraq and Afghanistan, rates range from 9% shortly after returning from deployment to 31% a year after deployment. A review of 29 studies that evaluated rates of PTSD in those who served in Iraq and Afghanistan found prevalence rates of adult men and women previously deployed ranging from 5% to 20% for those who do not seek treatment, and around 50% for those who do seek treatment. Vietnam veterans also report high lifetime rates of PTSD ranging from 10% to 31%. 13,14 PTSD is the third most prevalent psychiatric diagnosis among veterans using the Veterans Affairs (VA) hospitals."); Terri L. Tanielian and Lisa H. Jaycox, *Invisible Wounds of War Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, RAND CENTER FOR MILITARY HEALTH POLICY RESEARCH (2008) at 3, https://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf ("Upward of 26 percent of returning troops may have mental health conditions . . . ., and the frequency of diagnoses in this category is increasing while rates for other medical diagnoses remain constant (Hoge et al., 2004). The most common diagnoses are post-traumatic stress disorder (PTSD), an anxiety disorder that can develop after direct or indirect exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened; major depression; and generalized

depression, anxiety, irritability, anger, and fear – are the type of symptoms that are associated with suicide.[6]

B. PTSD and veteran suicide rates are increasing, not decreasing.

The U.S. Department of Veterans Affairs reports that the veteran suicide rate increased 25.9 percent from 2005 to 2016.[7] "In 2016, the suicide rate was 1.5 times greater for Veterans than for non-Veteran adults, after adjusting for age and gender."[8] While some studies may question the conclusion "regarding higher suicide rates among veterans when compared with the general population," a

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anxiety (National Institute of Mental Health Web site, Mental Health Topics page).")

[6] *Cf*. *Symptoms of PTSD*, Anxiety and Depression Association of America, https://adaa.org/understanding-anxiety/posttraumatic-stress-disorder-ptsd/symptoms (last visited Aug. 7, 2019) (listing PTSD symptoms), *with Risk Factors and Warning Signs*, American Foundation for Suicide Prevention, https://afsp.org/about-suicide/risk-factors-and-warning-signs/ (last visited Aug. 7, 2019) (listing suicide risk factors).

[7] *Veteran Suicide Data Report, 2005-2016*, U.S. Dep't. of Veterans Affairs, Office of Mental Health and Suicide Prevention (September 2018) at 3, https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf.

[8] *Id*. *Cf*. Vsevolod Roznavo and Vladimir Carli, *Suicide among War Veterans*, 9 INT. J. ENVIRON. RES. PUBLIC HEALTH 2504 (July 19, 2012) at "Conclusions", https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3407917/ (". . . it is difficult to draw a definitive conclusion regarding higher suicide rates among veterans when compared with the general population. . . . On the other hand those who were involved in latter conflicts, as in Iraq, are definitely at higher risk.").

survey of available studies concludes that "those who were involved in latter conflicts, as in Iraq, are definitely at higher risk."[9]

The increase in veteran suicide rates despite the relative calming of recent conflicts is not surprising. In 2008, a Rand study of all available science in this area concluded that just as Vietnam and Gulf War Veterans experienced delayed onset PTSD, so too would the Veterans of the Afghanistan and Iraq wars, resulting in an "increase over time" of "the need for mental health services" and the burden of caring for our service men and women.[10] The increase in veteran suicide rates since 2008 is the realization of the phenomenon predicted by the RAND study.

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[9] Vsevolod Roznavo and Vladimir Carli, *Suicide among War Veterans*, 9 INT. J. ENVIRON. RES. PUBLIC HEALTH 2504 (July 19, 2012) at "Conclusions", https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3407917/.

[10] Terri L. Tanielian and Lisa H. Jaycox, *Invisible Wounds of War Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery,* RAND CENTER FOR MILITARY HEALTH POLICY RESEARCH, (2008) at 59, , https://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf ("In addition, research conducted many years after previous conflicts, such as Vietnam (Dohrenwend et al., 2006) and the first Gulf War (Stimpson et al., 2003), have produced prevalence estimates equal to if not higher than those presented here, which may be due to the emergence of symptoms over time (i.e., a "delayed onset" PTSD) or increases in treatment seeking behaviors. We hypothesize that, regardless of its cause, the need for mental health services for service members deployed to Afghanistan and Iraq will increase over time, given the prevalence of information available to date and prior experience with Vietnam. Policymakers may therefore consider the figures presented in these studies to underestimate the burden that PTSD, depression, and TBI will have on the agencies that will be called upon to care for these servicemembers now and in the near future").

IAVA's 2019 Member Survey (Survey) echoes these findings.[11] Fifty-nine percent of Survey respondents *know personally* a post-9/11 Veteran who *died* from suicide, and sixty-five percent of Survey respondents *know personally* a post-9/11 Veteran who *attempted* suicide.[12] Shockingly, forty-three percent of IAVA members surveyed reported suicidal ideation *since* joining the military.[13] The Survey reflects that percentage is more than a thirty-five percent increase from the percentage of IAVA members who answered similarly to the same question just four years prior![14] It is no wonder that seventy-seven percent of Survey respondents believe that our nation is not making progress in combating military/veteran suicide.[15]

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[11] IAVA 2019 Member Survey, Iraq and Afghanistan Veterans of America (2019) at 23, https://iava.org/survey2019/IAVA-2019-Member-Survey.pdf (last visited July 26, 2019). 4,600 IAVA Members took and completed the Survey, and the Survey has a 1% margin of error at the 95% confidence interval. *Id*. at 68.
12 *Id.* at 22.
13 *Id.* at 22.
14 *Id.* at 22.
15 *Id.* at 22.

II. Medical Marijuana Should Be Studied To Determine Its Safety And Efficacy For Treating PTSD.

A. Where legal, marijuana is being used by veterans and doctors to treat PTSD.

The use of medical marijuana is currently legal in thirty-three states, the District of Columbia, Puerto Rico and Guam.[16] The vast majority of these jurisdictions permit doctors to prescribe cannabis for treatment of PTSD,[17] and "in states that allow for use of medical marijuana for traumatic intrusions and PTSD, this was listed as the primary indication in 38.5% of registered users."[18] This use is occurring even though doctors have no randomized controlled study to establish

16 Map of Marijuana Legality State by State, DISA Global Solutions, https://disa.com/map-of-marijuana-legality-by-state (last visited Aug. 7, 2019) (providing links to each states laws).

17 *See* Medical Marijuana Pros and Cons. *33 legal medical marijuana states and DC: laws, fees, and possession limits*, ProCon.org (July 24, 2019), https://medicalmarijuana.procon.org/view.resource.php?%20resourceID=000881 (last visited Aug. 7, 2019) (collecting statutes and listing PTSD as among the approved conditions for which medical marijuana can be prescribed in 27 states among the 33 states and the District of Columbia where medical marijuana is legal); Alicia Wallace, *List: U.S. states and territories that allow medical marijuana for PTSD*, THE CANNABIST.COM (Nov. 13, 2017) https://www.thecannabist.co/2017/02/14/ptsd-marijuana-qualifying-conditions-list-us-states-territories/72574/ (listing twenty-five states, the District of Columbia, Puerto Rico and Guam as jurisdictions where PTSD is a listed condition for which treatment with medically prescribed cannabis is approved or where doctors have broad discretion to prescribe cannabis for conditions, including PTSD).

18 Stephanie Yarnell, The Use of Medicinal Marijuana for Posttraumatic Stress Disorder: A Review of the Current Literature, Primary Care Companion for CNS Disorders at "Results" (May 7, 2015), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4578915/.

the appropriateness of the treatment or the strain and dosage that should be prescribed.

Veterans suffering the debilitating effects of PTSD are also self-medicating with medical marijuana. The IAVA Survey reveals that twenty percent of Survey respondents have tried cannabis or other cannabinoid products for medicinal use.[19] Given that forty percent of Veterans suffering with PTSD obtain *no* relief from the only treatments currently approved by the Federal Drug Administration and the small percentage of such patients who obtain compete relief from such treatments,[20] it is no wonder that veterans who can afford to pay out of pocket are self-medicating with – or seeking out medical prescriptions for – medical marijuana.

B. There is a scientific basis for believing medical marijuana is a safe and effective treatment for PTSD.

In addition to the anecdotal evidence cited by Petitioner in the declaration of Dr. Sisley and evidence of veterans using and doctors prescribing medical

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19 IAVA 2019 Member Survey, Iraq and Afghanistan Veterans of America, (2019) at 46, https://iava.org/survey2019/IAVA-2019-Member-Survey.pdf.

20 Walter Alexander, Pharmacotherapy for Post-traumatic Stress Disorder In Combat Veterans Focus on Antidepressants and Atypical Antipsychotic Agents, 37 Pharmacy & Therapeutics 32 at 32 (Jan. 2012), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3278188/ ("The only FDA-approved drugs for the treatment of PTSD are the selective serotonin reuptake inhibitors (SSRIs). . . . Although SSRIs are associated with an overall response rate of approximately 60% in patients with PTSD, only 20% to 30% of patients achieve complete remission").

marijuana where legal to treat PTSD, published scientific studies suggest a decrease in PTSD symptoms with marijuana use.[21] Although Petitioner Sisley recently completed the first randomized controlled study the DEA has prevented Sisley and others from studying real-world medical cannabis used by veterans around the county and thus the best studies published so far are "correlational and observational in basis."[22] However, "there is a growing amount of neurobiological evidence and animal studies suggesting potential neurologically based reasons for the reported efficacy."[23]

C. Nearly all Veterans want clinical studies of medical marijuana as a PTSD treatment.

Ninety percent of Survey respondents agree that cannabis should be researched for medicinal use,[24] and ninety percent of Survey respondents would be

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21 Stephanie Yarnell, The Use of Medicinal Marijuana for Posttraumatic Stress Disorder: A Review of the Current Literature, Primary Care Companion for CNS Disorders at "Studies Evaluating Use in PTSD" (May 7, 2015), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4578915/.

22 *Id.*

23 *Id. See also* Robert T. Muller, Ph.D., *Medical Marijuana for PTSD?*, PSYCHOLOGY TODAY (Dec. 14, 2017), https://www.psychologytoday.com/us/blog/talking-about-trauma/201712/medical-marijuana-ptsd (last visited Aug. 7, 2017) ("A recent study published in Molecular Psychiatry showed that treatment using particular compounds found in marijuana may benefit those with PTSD, and that "plant-derived cannabinoids [psychoactive chemicals] such as marijuana may possess some benefits in individuals with PTSD by helping relieve haunting nightmares and other symptoms of PTSD.")

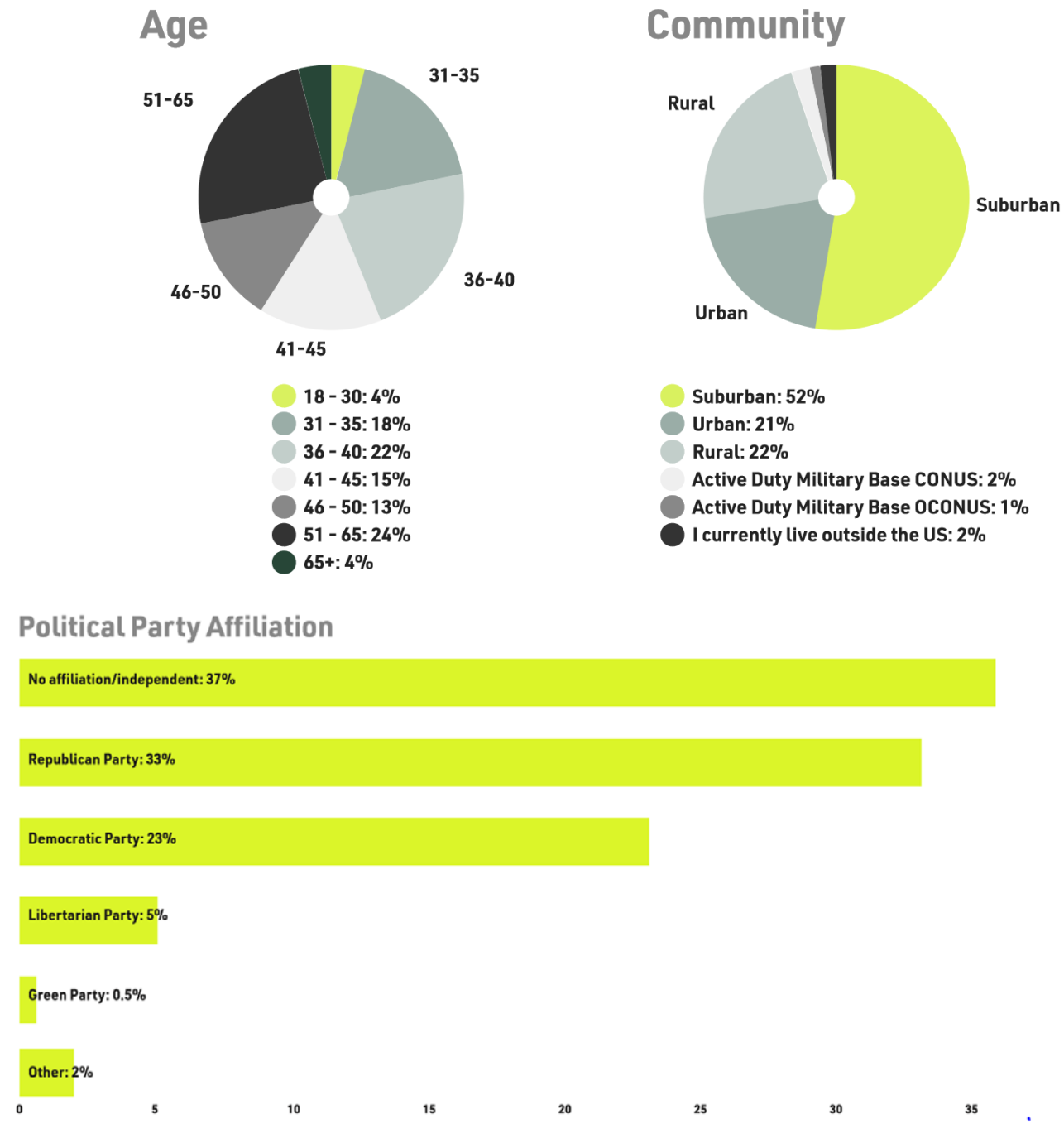
24 IAVA 2019 Member Survey, Iraq and Afghanistan Veterans of America, at 46 (2019), https://iava.org/survey2019/IAVA-2019-Member-Survey.pdf

interested in using cannabis or cannabinoid products as a treatment option if it was available as a treatment option.[25]

The tremendous support among veterans for clinical studies of medical marijuana as a PTSD treatment is not a reflection of age, geography or political orientation. Only four percent of Survey respondents are younger than thirty, more self-identified Republicans than Democrats, and the percentages of survey respondents reporting as living in rural versus urban communities are roughly even:

(reflecting that 72% strongly agree and 18% somewhat agree with the statement "Cannabis should be researched for medicinal purposes.").

[25] *Id.* (reflecting that 68% strongly agree and 17% somewhat agree with the statement that "The VA should allow for research into cannabis as a treatment option.").



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Veterans suffering from PTSD, their loved ones, and America as a whole can only benefit from knowing more about the safety and efficacy of medical

26 *Id.*

marijuana as a treatment for PTSD. If the treatment is safe and effective, more veterans will find relief from a debilitating disorder. If the treatment is not safe or effective, then veterans will stop self-medicating with and doctors will stop prescribing medical marijuana for PTSD, and scientists can turn their focus to other potential treatments or cures.

III. Rescheduling Marijuana will allow Medical Marijuana to be Studied.

A. Marijuana's Schedule 1 status precludes the VA from conducting necessary research on its therapeutic efficacy.

A Congressionally mandated federal task force called the Creating Options for Veterans Expedited Recovery (COVER) Commission issued a report earlier this year to provide recommendations for improving mental health services for military veterans. *See* https://www.va.gov/cover/ (last visited Sept. 6, 2020). The COVER Commission report highlighted the obvious problem created by Marijuana's Schedule 1 status:

> Medical cannabis and psychedelic drugs may have uses in treating mental health issues among veterans; however, *these substances are currently classified as Schedule 1 under the Controlled Substances Act, which precludes VA from conducting research on their efficacy.*

See https://www.va.gov/COVER/docs/COVER-Commission-Final-Report-2020-01-24.PDF at 105 (last visited September 6, 2020). Echoing the research summarized above, the Commission reported that:

> [i]n those states [i.e. the 33 states, the District of Columbia and Puerto Record where marijuana is legal], veterans are using medical marijuana as part of their health care outside of VA. *This situation*

> *necessitates that VA better understand medical marijuana, and how it can benefit and harm patients who use it,* so VA providers can better care for these veterans. Currently VA has been limited by legal and policy reasons from conducting this critical research.

Id. (emphasis added).

Thus, the Commission recommended that the VA should "engage with other federal agencies, . . . to research the potential short- and long-term risks, as well as benefits, of medical cannabis and psychedelic drugs," (*id.* at 105), and concluded:

> There are significant questions about the benefits and costs of using cannabis and psychedelics in treating mental health issues. The efficacy and safety of these types of treatments are unclear, but *it is essential that VA engage in research to better understand them.*

Id. at 106 (emphasis added).

B. Marijuana's Schedule 1 status precludes practitioners like Dr. Sisley from conducting research on its therapeutic efficacy.

The COVER Commission also recognized the numerous obstacles to private research by practitioners like Dr. Sisley that result from Marijuana's Schedule 1 status:

> *The U.S. federal government's policies have blocked externally valid, randomized clinical trials on the effects of cannabis* (Stith & Vigil, 2016). Scientists seeking to conduct research on cannabis must submit to an arduous application process that may last years. The research requires approval from multiple government agencies, including some with stated opposition to any therapeutic uses of cannabis. After the application process is complete, all cannabis used for research purposes must be purchased through the National Institute on Drug Abuse (NIDA). The tetrahydrocannabinol (THC)

> levels of the cannabis produced by NIDA is much lower than the THC potency levels used by patients around the country.

Id. (emphasis added).

IV. Decreasing Veteran Suicide By Prioritizing Medical Research Is A National Priority.

Congress has passed legislation that prioritizes both suicide prevention for veterans[27] and applications to manufacture medical marijuana for the purposes of clinical research.[28] In fact, in 2015, the House and Senate voted *unanimously* to pass the Clay Hunt Suicide Prevention for American Veterans Act.[29] Both acts were signed into law by the President of the United States.

Congress is currently working on additional legislation that would prioritize clinical research of medical marijuana for PTSD treatment. Seventy-five legislators, including Republicans and Democrats, are co-sponsors of legislation that "direct[s] the Secretary of Veterans Affairs to carry out a clinical trial of the effects of cannabis on certain health outcomes of adults with chronic pain and post-traumatic stress disorder, and for other purposes."[30] This legislative proposal

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[27] H.R. No. 203, Pub. L. No. 114-2, 129 Stat. 30 (2015).
[28] 21 U.S.C. §823(i)(2); Ex. 18 at A168-69.
[29] H.R. No. 203, Pub. L. No. 114-2, 129 Stat. 30 (2015). *See also* https://www.congress.gov/bill/114th-congress/house-bill/203/all-actions?overview=closed&q=%7B%22roll-call-vote%22%3A%22all%22%7D (reflecting unanimous votes of House and Senate on Clay Hunt Suicide Prevent for American Veterans Act) (last visited Aug. 7, 2019).
[30] VA Medicinal Cannabis Research Act of 2018, S. 2796, 115th Cong. (2017-2018); VA Medicinal Cannabis Research Act, H.R. 5520, 115th Cong. (2017-2018).

further evidences the national priority of decreasing veteran suicide by prioritizing medical research of cannabis as a potential PTSD treatment.[31]

Moreover, in March 2019, the President issued an Executive Order declaring:

> It is the policy of the United States to end veteran suicide through the development of a comprehensive plan to empower veterans and end suicide through coordinated suicide prevention efforts, *prioritized research activities*, and strengthened collaboration across the public and private sectors.[32]

The Executive Order directs a task force to "identify barriers to or gaps in research, and facilitate opportunities for improved consolidation, integration, and alignment."[33]

CONCLUSION

The United States of America is morally compelled to address injuries – both physical and psychological – veterans suffer as a result of their military service. There is overwhelming evidence that PTSD is a severe injury suffered by a significant percentage of veterans and that veterans with PTSD are more likely to take their own lives than veterans with no such psychological injury. Our country should be doing everything it can as quickly as it can to find treatments for PTSD and help prevent veteran suicide, including properly interpreting the Controlled

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[31] *Id.*
[32] Exec. Order No. 13,861, 84 Fed. Reg. 8,585 (Mar. 5, 2019) (emphasis added).
[33] *Id.*

Substance Act so as to not impose unwarranted barriers to research. Both the executive and legislative branches of government have made the prevention of veteran suicide and related medical research national priorities, and yet the DEA continues to insist on a Catch 22 that effectively prevents approved clinical research study of medical marijuana as a PTSD treatment.

The DEA's legal interpretations are impacting veterans by preventing controlled randomized clinical studies of dispensary quality marijuana as a treatment for PTSD. Without such clinical studies, veterans who live in states where medical marijuana is not available as a treatment for PTSD cannot obtain the treatment, and veterans who can obtain the treatment in states where it is legal do so at their own personal expense, without coordination with their VA medical teams, and without any scientific evidence to establish the promise of the efficacy and safety of the treatment.

This Court should grant the petition for review.

Dated: October 1, 2020

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that I caused the foregoing to be electronically filed with the Clerk of the Court for the United States Court of Appeals for the District of Columbia Circuit by using the appellate CM/ECF system on October 1, 2020.

I certify that all participants in the case are registered CM/ECF users and that service will be accomplished by the appellate CM/ECF system.

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9th Cir. Case Number No. 20-71433

I am the attorney or self-represented party.

This brief complies with the type-volume limitation of Fed. R. App. P. 32(a)(7)(B) because, excluding the parts of the document exempted by Fed. R. App. P. 32(f), the document contains 3,252 words. I further certify that this document complies with the typeface requirements of Federal Rule of Appellate Procedure 32(a)(5) and the type style requirements of Federal Rule of Appellate Procedure 32(a)(6) because the brief has been prepared in Times New Roman 14-point font for text and footnotes using Microsoft Word.

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