

October 18, 2017

The Honorable Mac Thornberry
Chairman
House Committee on Armed Services
2216 Rayburn House Office Building
Washington, DC 20015

Dear Mr. Chairman,

The Defense Health Research Consortium, a coalition of 34 organizations who advocate on behalf of the medical research at the Department of Defense, write in response to statements you made in an interview, published in an October 16 *Politico Pro Defense* article, regarding DoD's Congressionally Directed Medical Research Program (CDMRP). We would like to take this opportunity to correct the record about the military relevance of this vital program, and its importance to the readiness of the U.S. Armed Services.

The October 16, 2017 article, entitled "Space Corps, budget debates top NDAA conference issues," discusses potential issues that must be resolved in the upcoming House-Senate conference committee for the fiscal year 2018 National Defense Authorization Act (NDAA). The article discusses several provisions of the Senate-approved version of the NDAA, inserted into the bill by Senate Armed Services Committee Chairman John McCain, that would severely restrict CDMRP and other medical research at DoD.

The article stated that you "worry that, over time this whole (CDMRP) program has grown so much to have so many diseases and conditions that have very tenuous, if any, connection with DoD that can't be sustained."

We are concerned that you may be misinformed about the relevance of the CDMRP to national security, and would like to take this opportunity to make sure that you have the facts about the CDMRP prior to any action that may be taken by the committee with respect to these provisions.

We would first like to note that the four provisions (Sections 733, 891, 892, and 893) included in the Senate version of the NDAA would individually and collectively have the effect of restricting, if not outright prohibiting, CDMRP research on diseases and disorders that affect our nation's men and women who serve or have served in the U.S. Armed Services. These provisions would restrict the types of research that could be funded, and add burdensome contracting and auditing requirements designed for large weapons system contracts. Moreover, one of these provisions (Section 733) affects all medical research at DoD, not just the CDMRP.

These provisions will collectively have a significant impact on military readiness, as attested to by the Department of Defense. In a recent memorandum (enclosed), the U.S. Army's Medical Research and Materiel Command stated that:

"This language will impact force readiness and medical providers' readiness.... Impacts on military medical training programs will negatively affect the readiness of our military health care providers."

The DHRC has meticulously documented the military relevance of the individual programs that comprise the CDMRP, and this document is enclosed with this letter. To name just a few of the examples of this military relevance, the CDMRP has:

- Supported the first-ever double hand transplantation procedure on a combat-wounded quadruple amputee.
- Provided the funding needed to develop the first neural-controlled lower-extremity prosthesis and contributed to the success of the world's first thought-controlled bionic leg.
- Led to the development of Herceptin, an FDA-approved drug now widely used to fight breast cancer—saving the lives of women serving in our military, as well as countless wives, mothers, and daughters that make up military families and our communities.
- Brought numerous potential new treatments for prostate cancer into later-stage clinical trials, thus more quickly to patients including men on active duty.
- Identified additional genetic risk factors for developing Parkinson's disease—including two rare variants that we now know connect the risk of Parkinson's with traumatic injury to the head.

In short, research funded by the CDMRP has advanced our understanding of diseases and conditions, directly led to new cures and treatments, and improved the health and well-being of our military and civilian families.

It is important to note that CDMRP research is focused not just on the warfighter, but also on military families, retirees, veterans, and global infectious diseases. We think that you will agree with MRMC's statement about the importance of this breadth of research to national security and readiness:

"Military medicine focuses on the overall health of Service Members (SMs) but also on the medical care of their family members. This commitment to DoD families' health directly contributes to the readiness of the SMs by allowing them to focus on their military mission."

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Furthermore, the defense health research programs enjoy strong bipartisan support in both the House and Senate. Recently, Senators Richard Durbin (D-IL) and Roy Blunt (R-MO) sent the enclosed letter, signed by 54 Senators, to you and your colleagues on the conference committee, urging you to remove these provisions. A similar letter now circulating in the House enjoys the support of more than 90 Republican and Democratic Representatives.

The continued Congressional investment and strong level of support for the defense health research programs is a beacon of hope to both military and non-military families who must cope with these diseases and disorders. It is therefore vitally important that you and all of the members of the conference committee have all of the facts in front of you before making decisions that could have huge, devastating consequences for military readiness, veterans and the communities we represent. We welcome the opportunity to meet with you personally to discuss these issues with you prior to the conference committee deliberations.

Sincerely,

AcademyHealth
Action to Cure Kidney Cancer
ALS Association
American Brain Tumor Association
American Urological Association
Bladder Cancer Advocacy Network
Children's Heart Foundation
Children's Tumor Foundation
CureHHT
debra of America
Fight Colorectal Cancer
Foundation to Eradicate Duchenne
Global Health Technologies Coalition
International Myeloma Foundation
Kidney Cancer Action Network
Kidney Cancer Association
Littlest Tumor Foundation
Lung Cancer Alliance
Lymphoma Research Foundation
The Michael J. Fox Foundation for Parkinson's Research
National Alliance for Eye and Vision Research
National Multiple Sclerosis Society
Neurofibromatosis Midwest

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Neurofibromatosis Network
Pancreatic Cancer Action Network
Prostate Cancer Foundation
The Sergeant Sullivan Circle
Susan G. Komen
Texas NF Foundation
Theresa's Research Foundation
Tuberous Sclerosis Alliance
Us TOO International Prostate Cancer Education & Support
Veterans for Common Sense
ZERO-The End of Prostate Cancer

Enclosures:

MRMC Memorandum on CDMRP

“Defense Health Research Programs: Relevance to National
Security and Military Families” prepared by DHRC

Bipartisan Senate Letter to Chairs and Ranking Members of the House and Senate
Armed Services Committee, October 10, 2017

Bipartisan House Letter to Chairs and Ranking Members of the House and Senate
Armed Services Committee (circulating)

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