

September XX, 2017

The Honorable John McCain  
Chairman  
Senate Committee on Armed Services  
Russell Senate Building, Room 228  
Washington, DC 20510

The Honorable Mac Thornberry  
Chairman  
House Committee on Armed Services  
2216 Rayburn House Office Building  
Washington, DC 20515

The Honorable Jack Reed  
Ranking Member  
Senate Committee on Armed Services  
Russell Senate Building, Room 228  
Washington, DC 20510

The Honorable Adam Smith  
Ranking Member  
House Committee on Armed Services  
2216 Rayburn House Office Building  
Washington, DC 20515

Dear Chairmen McCain and Thornberry and Ranking Members Reed and Smith:

The National Defense Authorization Act (NDAA) is critical legislation that provides authorities and framework for the Department of Defense to meet its obligations to our national defense, and care for those Americans who serve our country in uniform. Unfortunately, the Fiscal Year 2018 Senate NDAA bill includes four provisions that—if enacted—would weaken the Department of Defense’s medical research program, jeopardizing health care for warfighters, veterans, and their families both now and in the future. We respectfully request that these four provisions (sections 733, 891, 892, and 893) be excluded from the final NDAA conference bill.

During consideration of last year’s NDAA bill, similar provisions were inserted into the base bill before it was considered by the full Senate. On an overwhelmingly bipartisan basis, the Senate voted in favor of a Durbin-Cochran amendment to remove the problematic provisions (by a vote of 66-32). This year, Senators Durbin and Blunt—joined by 51 additional bipartisan cosponsors—filed an amendment to once again remove the concerning language (amendment #592). Unfortunately, the full Senate did not have the opportunity to vote on the Durbin-Blunt amendment this year. Had the Senate voted on the amendment to protect defense medical research, there is no doubt it would have easily passed.

Established in 1992, the Congressionally-Directed Medical Research Program (CDMRP) strives to transform healthcare for service members and the American public through innovative and impactful biomedical research. Between 1992 and 2017, Congress has, on a bipartisan basis, provided the CDMRP with \$11.9 billion in funding to fill military-relevant research gaps by supporting high impact, high risk, and high gain projects that other agencies and private investors may be unwilling to fund. Over the past 25 years, funding provided through the CDMRP has resulted in significant medical breakthroughs that have both improved and saved lives.

The CDMRP supported the first-ever double hand transplantation procedure on a combat-wounded quadruple amputee. The program 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. Funding from CDMRP directly 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. Grants supported by CDMRP have brought numerous potential new treatments for prostate cancer into later-stage clinical trials and 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.

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. Unfortunately, this critical program would be effectively eliminated if sections 733, 891, 892, and 893 of the Fiscal Year 2018 Senate NDAA bill were to become law.

These sections would prohibit CDMRP from funding medical research that benefits veterans, retirees, military spouses, or children of military members (section 733); would require medical research grant applicants to meet the same accounting and price standards that the Department of Defense requires for multi-billion dollar weapons development contracts (section 891); would change the ground rules for how we handle technical data generated by this research, discouraging potential grant applicants from partnering with the government (section 892); and would require the Defense Contract Audit Agency (DCAA) to conduct audits on every grant recipient (section 893). The DCAA is currently backlogged with tens of billions of dollars-worth of procurement contracts that it is responsible for auditing and yet this provision would add to the pile by requiring the DCAA to conduct an additional 800 audits per month on medical research grants.

Put simply, these four provisions seek to end the CDMRP by burying it in onerous and unnecessary requirements and excessive amounts of red tape. When asked about the impact of these provisions on the CDMRP, the Department of Defense said, "This language would, in essence, eliminate military family and military retiree relevant medical research, inhibit military medical training programs, and impact future health care cost avoidance. Impacts will take place across all areas... [Researchers] would most likely not want to do business with the DoD. ... [The provisions] may create a chilling effect on potential awardees of DoD assistance agreements."

Considering that these four problematic provisions were not included in the House-passed NDAA bill and given the broad bipartisan support in the Senate—both last year and this year—for preserving and supporting medical research funded by the Department of Defense, we request that the NDAA Conference Committee reject, in no uncertain terms, sections 733, 891, 892, and 893 of the Fiscal Year 2018 Senate NDAA bill. Thank you for your prompt and urgent consideration.

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RICHARD J. DURBIN  
United States Senator

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ROY BLUNT  
United States Senator

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United States Senator