

October 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:

We write to express our strong support for the Congressionally-Directed Medical Research Program (CDMRP) at the U.S. Department of Defense (DoD).

Since 1992, the CDMRP has strengthened and transformed 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.

CDMRP funding has resulted in important medical breakthroughs that have improved and enhanced the quality of life for our service members, including groundbreaking technological advancements in prosthetics and transplantations for combat-wounded veterans. In addition, CDMRP research has saved countless lives through the discovery of new treatments and cures to fight cancer and debilitating neurological diseases.

Earlier this year, in response to strong bipartisan expression in support for these programs, the House Committee on Appropriations included a significant investment in the CDMRP in the fiscal year 2018 Defense Appropriations Act. Recognizing the efficacy of the CDMRP, the Committee commended DoD “for ensuring that projects funded through the various peer-reviewed cancer research programs maintain a focus on issues of significance to military populations and the warfighter.” In addition, the Committee encouraged greater collaborative research between DoD and non-military research institutions, which “provide a valuable recruitment and retention incentive for military medical and research personnel.”

While the House has remained steadfast in its commitment to the CDMRP, the FY2018 Senate National Defense Authorization Act (NDAA) included four provisions that would weaken the CDMRP, jeopardizing healthcare for warfighters, veterans, and their families both now and in the future. As a result, it is our formal request that Sections 733, 891, 892, and 893 of the FY2018 Senate NDAA be excluded from any final FY2018 NDAA Conference Report and/or legislation. It is important to note that not one of these provisions was included as part of the House-passed FY2018 NDAA.

If enacted into law, the aforementioned sections would impose such unrealistic burdens that CDMRP efforts would grind to a halt. Medical research to improve the lives of military families and military retirees would be eliminated; critical training programs for military medical staff would be restricted; and proven and successful collaborative research and grant initiatives would be disregarded.

In light of the strong, bipartisan support shown for the CDMRP in the U.S. House of Representatives, we respectfully request that the NDAA Conference Committee reject Sections 733, 891, 892, and 893 of the Fiscal Year 2018 Senate NDAA bill. In doing so, we can work together to strengthen and improve medical research and the quality of life for our brave men and women in uniform.

We appreciate your prompt and urgent consideration of our request.

Sincerely,

RYAN A. COSTELLO
Member of Congress

PETER T. KING
Member of Congress

DAVE LOEBSACK
Member of Congress

SANFORD D. BISHOP, JR.
Member of Congress