

The Defense Health Research Consortium

*Advocates for the
Congressionally Directed Medical Research Programs*

2018 Membership Packet

Updated January 2018

Summary

Since 1992, Congress has provided funding for the Congressionally Directed Medical Research Programs (CDMRPs) in the annual Defense Appropriations Act. Specific funding levels are provided for disease-specific programs, ranging from more common cancers to rare diseases to Gulf War Illness. The programs are administered by the U.S. Army Medical Research and Materiel Command (USAMRMC) at the Department of Defense (DoD).

Funding for the CDMRPs is not included in the President's budget – it is added by the House and Senate Appropriations Committees during deliberations on the Defense Appropriations Act. Funding for each program within the CDMRP is determined through a rigorous legislative process involving grassroots advocacy, careful vetting by the appropriations committees and scrutiny from individual Members of Congress and the media.

While the CDMRPs have enjoyed significant bipartisan and bicameral support, there are those in Congress and the media who have criticized CDMRPs, or have suggested transferring the programs to the National Institutes of Health (NIH). Continued budgetary pressures and renewed scrutiny of DoD medical research place the CDMRPs at considerable risk of losing funding in fiscal year 2017 and beyond. As an example, the Senate Armed Services Committee's versions of both the fiscal year 2017 and fiscal year 2018 National Defense Authorization Act (NDAA) included provisions that would have severely restricted, if not eliminated altogether, funding for the CDMRPs. In 2016, by a vote of 66-32, the Senate approved the Durbin amendment to remove these provisions and protect funding for the CDMRPs – the first time in recent history that funding for CDMRPs came to a recorded vote in Congress. Unfortunately, in 2017, a similar vote was blocked in the Senate. However, the Consortium was successful in working to have this language removed in the final conference version of fiscal year 2018 NDAA.

The Defense Health Research Consortium was formalized in 2014 to bring together the diverse community of patient advocacy organizations, medical provider groups, veterans' organizations, research advocacy groups, and private sector interests -- all with the single purpose of protecting and preserving funding for the CDMRPs. Since its inception, the Consortium has grown to nearly forty members, but a greater level of participation is needed to ensure the maximum level of success.

Need and Purpose

During these tight fiscal times, the CDMRPs have undergone greater scrutiny by those seeking deep spending reductions. Opponents of the programs include prominent Senators such as Senator John McCain (R-AZ), Lindsey Graham (R-SC), former Senator Tom Coburn (R-OK), and several members of the House and Senate Armed Services Committees, who argue that medical research has no place at the Department of Defense.

“...we are taking \$2 billion out of defense money and putting it into programs that have nothing to do with defense.... Here we are—reconstructive transplants, genetic studies of food allergies, cooperative epilepsy, chiropractic clinical trials, muscular dystrophy, peer-reviewed vision, peer-reviewed Alzheimer’s, bone marrow failure, multiple sclerosis, and on and on. All of these are worthy causes. They have nothing to do with the defense of this Nation.”

Senator John McCain (June 7, 2016 remarks in the Senate)

“There is about \$1 billion spent on medical research within the Department of Defense. What we are suggesting is that we look at this account anew.... I think some of the money we are spending under the guise of military Department of Defense research has nothing to do with the Department of Defense, and we need every dollar we can find to defend the Nation.”

Senator Lindsey Graham (June 7, 2016 remarks in the Senate)

“Over the past two decades, Congress has appropriated nearly \$6.5 billion for Congressional Directed Medical Research Program to research a variety of diseases or medical conditions with an additional \$1.2 billion in fiscal year 2012. Some of the CDMRP has an obvious connection to the military, such as the \$463 million spent on psychological health and traumatic brain injury. Some other research subjects, such as \$2.6 billion for breast cancer, \$47.8 million for lung cancer, \$113 million for prostate cancer, and \$4.4 million for food allergies, have a less clear connection to military service.”

Senator Tom Coburn (Department of Everything report, November, 2012)

The programs also have come under scrutiny by the media, most notably *Washington Post* reporter Walter Pincus:

“...Congress for almost 20 years has put these medical research funds in the Defense Department budget that have never been requested in a presidential budget. Although generally meritorious, many earmarked programs for research fall outside the Pentagon’s traditional mission of battlefield medicine and research.”

Walter Pincus, *Washington Post*, June 20, 2011

Prior to 2014, an informal coalition of organizations had been working to preserve funding for the CDMRPs. This coalition has included cancer organizations, rare disease patient advocacy groups, provider organizations, and veterans' groups. The Defense Health Research Consortium was formalized in 2014, and for the last two years has been coordinated by Mark Vieth, Senior Vice President at Cavarocchi Ruscio Dennis Associates.

During the Senate debate of the fiscal year 2016 National Defense Authorization Act (NDAA), Senator McCain considered offering an amendment that, if approved, would have rendered ineligible for DoD-funded study many of the disorders currently under the CDMRPs. Thanks to the efforts of the Consortium and the broader health research community, Senator McCain withdrew his amendment.

In 2016, Senator McCain, as chairman of the Senate Armed Services Committee, included his amendment (as Section 756) within the text of the fiscal year 2017 NDAA that was marked up by his committee. He also included a provision (Section 898) that would have applied contracting and auditing compliance normally used for large defense contracts to medical research contracts. The Consortium again mobilized against these harmful provisions and in favor of an amendment filed by Senator Richard Durbin (D-IL) to nullify these provisions. On June 7, 2016 the full Senate approved the Durbin amendment by a vote of 66-32.

In 2017, Senator McCain once again included similar provisions in the fiscal year 2018 NDAA. Again, Senator Durbin, working with Senator Roy Blunt (R-MO), proposed a bipartisan amendment to have this language removed. However, a vote on this amendment was never allowed on the Senate floor, and the Senate subsequently approved the NDAA with the damaging language intact. The Consortium worked to circulate "Dear Colleague" letters in the House and Senate calling for the removal of this language in the House-Senate conference. The language was ultimately removed prior to final enactment of the bill.

Every year, the Consortium also sends a letter to the House and Senate Appropriations Committees requesting support for the CDMRPs. Throughout the year, the Consortium works diligently to develop materials supporting the budgetary and military rationale for continuing the Congressional investment in this important research. There is an ongoing need to galvanize the collective strengths and resources of the member organizations behind a well-developed and coordinated government relations strategy. The Consortium has brought better governance, professional investment of time and energy, and new resources to pay for the additional advocacy that essential to protect the CDMRPs.

Structure and Activities

Every year, the Consortium member organizations work together to develop a strategy that complements their individual efforts to preserve funding for their respective CDMRPs. This strategy is developed and implemented through the continued guidance and leadership of Mark Vieth, Senior Vice President at Cavarocchi Ruscio Dennis Associates. Activities by the consultant include:

- Periodic conference calls with Consortium members
- In-person strategy sessions at least twice annually
- Periodic written updates of appropriations activities
- Development of written materials for use by Consortium members for advocacy meetings on the Hill, along with sign-on letters, Op-Eds and other advocacy tools
- The scheduling of Consortium meetings with individual House and Senate offices and key staff on House and Senate Appropriations Committees, along with direct meetings and communications with these offices
- Recruitment of champions in Congress for preserving CDMRP funding
- Presentations on the CDMRP to member organization conferences and fly-ins
- Staffing Executive Committee

Governance

The Defense Health Research Consortium is governed by an Executive Committee comprised of representatives from cancer groups, rare/orphan disease groups, veterans groups, and miscellaneous health organizations (and private industry if we can recruit companies to join). Membership rotates on an annual basis. The Executive Committee would be responsible for implementing the government relations strategy and overseeing the consultant coordinating the Consortium.

Commitments

Each member agrees to work collectively to promote the mission of the Consortium: protecting and preserving funding for the CDMRPs. Each member is free to engage in separate advocacy for specific CDMRP programs. However, each member agrees not to undermine or engage in any negative advocacy against any specific CDMRP programs.

Membership Dues

Dues for non-profit organizations are determined by utilizing a four-tiered structure, based on the annual revenue of the organization:

<u>Tier</u>	<u>Annual Revenue</u>	<u>Annual Membership Dues</u>
1	\$10 million or higher	\$3,000
2	\$5-10 million	\$1,000
3	\$1-5 million	\$500
4	Under \$1 million	\$250

Dues will be used for the following purposes and activities:

- Paying for the time committed by Mr. Vieth and staff at CRD Associates in running the Consortium and coordinating all of its advocacy.
- Briefings on Capitol Hill to educate Members of Congress and key staff about the importance of the CDMRPs
- Production of briefing materials for meetings with Members of Congress.
- Media and press kits
- Monthly conference calls
- Leveraging membership dues from private industry

Current Members

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
Citizens United for Research in Epilepsy
Critical Mass: The Young Adult Cancer Alliance
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
Leukemia & Lymphoma Society
Littlest Tumor Foundation
Lung Cancer Alliance
LUNGeivity Foundation
Lymphoma Research Foundation
The Michael J. Fox Foundation for Parkinson's Research
National Alliance for Eye and Vision Research
National Alliance of State Prostate Cancer Coalitions
National Multiple Sclerosis Society
Neurofibromatosis Midwest
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

Contact: Mark Vieth, CRD Associates, (202) 484-1100, mvieth@dc-crd.com