# The Defense Health Research Consortium

May 19, 2025

The Honorable Mitch McConnell
Chairman
Subcommittee on Defense
Senate Committee on Appropriations
Washington, DC 20510

The Honorable Christopher Coons
Vice Chair
Subcommittee on Defense
Senate Committee on Appropriations
Washington, DC 20510

The Honorable Ken Calvert
Chair
Subcommittee on Defense
Committee on Appropriations
H-405 Capitol Building
Washington, DC 20515

The Honorable Betty McCollum
Ranking Member
Subcommittee on Defense
Committee on Appropriations
1016 Longworth House Office Bldg
Washington, DC 20515

Dear Chair McConnell, Vice Chair Coons, Chair Calvert and Ranking Member McCollum:

As you begin work on the fiscal year (FY) 2026 Defense Appropriations Act, we write to thank you and encourage you to continue your support for the critical and highly successful Congressionally Directed Medical Research Programs (CDMRP) at the Department of Defense (DoD). While the CDMRP funds research to protect the men and women who serve in our Armed Forces, military families, veterans, and civilian populations from a wide range of medical conditions and health challenges, many of these programs are also directly related to preparedness and response to global pandemics. We therefore encourage you to increase funding from FY 2024 levels for these critical programs by at least five percent plus inflation (approximately $123 million increase), to ensure that our country is prepared to meet current and future public health-related threats and challenges to our national security. An increase in funding is particularly vital to mitigate the impact of inflation on the purchasing power of individual CDMRP programs, particularly those programs that have been flat funded for several years.

We also encourage you to work expeditiously to restore through supplemental appropriations the $859 million in FY 2025 funding that was cut from the Congressionally Directed Medical Research Program (CDMRP) through the enactment of the Full-Year Continuing Appropriations and Extensions Act (Public Law 119-4). While this legislation reduced CDMRP overall by 57 percent, this reduction was not applied equally across all 35 programs. Instead, many programs vital to warfighter health -- such as traumatic brain injury/psychological health; vision and hearing, orthotics, prosthetics and spinal cord; and pancreatic, kidney and lung cancer – received no funding for research grants in FY 2025. If not fully restored, these programs will experience research interruptions that could have long-term implications for the health and readiness of our warfighters.

The highly innovative research portfolio supported by the CDMRP fuels scientific discovery by funding high impact research not sponsored by the National Institutes of Health (NIH), the Department of Veterans Affairs (VA) or other federal agencies. Many of the programs' award

mechanisms propel the exploration of revolutionary ideas and concepts. Programs focus on the potential of having a significant impact upon both their respective fields of research and the health and well-being of the men and women in the U.S. Armed Services. CDMRP awards grants to study many of the conditions – including cancers, respiratory diseases, and other toxic exposure outcomes – added as the result of the PACT Act as VA benefit presumptive service-connected health



conditions. Defense health research programs are worthy of continued federal support for the following reasons:

- Directly relevant to DoD-prevalent conditions: As the enclosed white paper demonstrates, the medical research programs at DoD directly impact and are aimed at improving the health and lives of current and former members of the U.S. military, their families, and the public. Programs provide groundbreaking research on traumatic brain injury and psychological health, toxic exposures including Gulf War Illness and burn pits, respiratory health, spinal cord injury, hearing and vision loss, and newer conditions such as Long COVID. Research also focuses on existing and emerging infectious diseases that may threaten operational readiness and health security, and why diseases like ALS, multiple sclerosis and Parkinson's disease occur at greater rates in those who have served in the military. CDMRP has also funded orthopedic research that has resulted in new limb-sparing techniques to save and restore functions of injured extremities, as well as outcomes research benefiting injured warfighters in need of orthotic and prosthetic devices.

  Equally important, this disease-specific approach includes important medical research programs related to several forms of cancer (breast, blood, colorectal, bladder, brain tumors, lung, ovarian, prostate, stomach, liver, esophageal, melanoma, rare and childhood cancers), autoimmune diseases and other disorders (like neurofibromatosis and tuberous sclerosis complex) that have led to breakthroughs on nerve regeneration, traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD).

- Complementary – and not duplicative – of other federal research: Defense health research program grants neither duplicate nor supplant NIH or VA research efforts, but rather enhance those efforts. They fund highly innovative projects – support that is typically unavailable through other federal programs. For example, programmatically-related VA research funding is only available to VA employees (at least 0.625 full-time equivalent). CDMRP funds the best-qualified proposals from researchers and research teams at top research universities and medical centers. The NIH and DoD medical research portfolios have symbiotic relationships, allowing NIH-funded basic research to serve as a foundation for ground-breaking, disorder-targeted research at DoD. NIH and DoD program officers meet regularly to ensure collaboration and prevent duplication.

- Cutting-edge and focused on cures: While the NIH funds high-quality basic biomedical research, the defense health research programs provide essential emphasis on and support for finding innovative cures or new therapies for medical conditions. For several disorders, DoD breakthroughs have led to new clinical trials, new drug products, and novel procedures that are making a difference in the everyday lives of affected patients and families. For example, research funded by DoD led to the development of two treatments for tuberous sclerosis complex approved by Food and Drug Administration.

The ALS Research Program is supporting translational research and has developed four potential treatments for the disease, for which an effective treatment currently does not exist. The CDRMP's impact is undeniable: 56 Food and Drug Administration (FDA)-approved treatments including 11 cancer drugs, a rapid blood test to detect traumatic brain injuries and more than 600 clinical trials for cutting-edge drugs and vaccines.

- Agile, adaptable, and collaborative: Each of the separate programs is guided by a specific vision and mission statement, which in addition to incorporating Congressional direction, reflect rapid change in knowledge, address research gaps, and prevent duplication. Annual funding prevents out-year budget commitments, which in turn further enhances programmatic flexibility. Many DoD programs identify, develop and fund collaborative and consortium-based research**,** helping to bring unique, interdisciplinary, inter-institutional, collaborative efforts to bear on complex medical research issues unlikely to be solved though the inherent limits of individual researchers.

- Competitive and unique peer review process: While Congress allocates funding through the annual Defense Appropriations Act to specific medical conditions, it does not direct the programs' dollars to specific researchers. These programs utilize an efficient multi-tiered process that includes multiple stages of peer review, including two levels of formal peer review of final proposals. Proposals are scored in a number of key areas such as scientific merit and impact for patients and the military, providing a robust comparative basis for helping accomplish the program's mission of finding and funding the best research related to these important medical conditions.

- Consumer review: All defense health research programs incorporate the full and equal participation of consumer reviewers at every stage of the multi-tiered review process – a novel and valuable practice in medical research funding. Consumers – people actually affected by the disease or medical condition – help ensure the program's funded research will have the greatest impact on those who are affected. Consumer reviewers also help inform and educate their disease advocacy communities and others.

- Generating economic growth across the United States: Research activities promote job growth and encourage long-term economic development through innovation. It has been estimated that for every dollar awarded in biomedical research grants, more than two dollars of additional business activity is created. Defense health research grants are awarded to researchers in every state in the country.

In short, the well-executed and efficient programs within the defense health research programs demonstrate responsible government stewardship of taxpayer dollars and benefit current and former military service members, the general patient population, and our nation's economy.

Perhaps most importantly, DoD's innovative approaches to funding biomedical research have led to several significant breakthroughs and achievements, contributing to national security and the.

health and welfare of U.S. Armed Forces personnel and their dependents. Continued federal funding will only build on these successes.

Lastly, we encourage timely enactment of the FY 2026 Defense Appropriations Act, to ensure continuity in the defense health research programs. We recognize the continuing challenges you must face to move appropriations bills through the "regular order" process. However, we must continue to maintain continuity in investment in this important research to ensure that our nation is prepared for future pandemics and other public health challenges that threaten our current military populations and their families, as well as veterans and the general civilian population. The failure to enact an FY 2025 Defense Appropriations Act led to the devastating 57 percent cut to CDMRP, demonstrating the importance of Congress enacting the Defense bill with full funding for CDMRP.

We, the undersigned respectfully request your support for increasing the appropriation for defense health research programs by at least five percent plus inflation in the FY 2026 Defense Appropriations Act, and restoring the $859 million cut from the program in FY 2025.

Sincerely,

Adult Congenital Heart Association
ALS Association
American Academy of Allergy, Asthma & Immunology
American Academy of Ophthalmology
American Academy of Physical Medicine and Rehabilitation
American Association for Cancer Research (AACR)
American Association for Dental, Oral, and Craniofacial Research
American Association of Orthopedic Surgeons
American Brain Tumor Association
American Cancer Society Cancer Action Network
American College of Obstetricians and Gynecologists
American College of Rheumatology
American Gastroenterological Association
American Lung Association
American Psychological Association Services Inc.
American Society for Gastrointestinal Endoscopy
American Society of Hematology
American Urological Association (AUA)
Angelman Syndrome Foundation
Aplastic Anemia and MDS International Foundation
Arthritis Foundation
Asbestos Disease Awareness Organization
Association for Clinical Oncology (ASCO)
Asthma and Allergy Foundation of America

Autism Speaks
Bladder Cancer Advocacy Network
Blinded Veterans Association (BVA)
Cancer Support Community
Cartwright & Associates
Case Western Reserve University
Celiac Disease Foundation
Child Neurology Foundation
Children's Cardiomyopathy Foundation
Children's Tumor Foundation
Cholangiocarcinoma Foundation
Christopher & Dana Reeve Foundation
Coalition for National Trauma Research
Coalition to Cure CHD2
Colorectal Cancer Alliance
Crohn's & Colitis Foundation
CURE Epilepsy
Cure HHT
Cure SMA
CureSHANK
Danny Did Epilepsy Foundation
Deadliest Cancers Coalition
Debbie's Dream Foundation: Curing Stomach Cancer
Defense Health Research Consortium
Duke University
Epilepsies Action Network
Epilepsy Alliance America
Epilepsy Foundation of America
Epilepsy Services of New Jersey
Esophageal Cancer Action Network (ECAN)
FD/MAS Alliance
Fight Colorectal Cancer
FORCE: Facing Our Risk of Cancer Empowered
Foundation for Angelman Syndrome Therapeutics
Foundation to Eradicate Duchenne
Global Healthy Living Foundation
Global Liver Institute
GO2 for Lung Cancer
GRIN2B Foundation
Hearing Loss Association of America
Hepatitis B Foundation
HIV Medicine Association
Hope for HIE
Hope for Hypothalamic Hamartomas
Hydrocephalus Association
Indiana University
Institute for Neuro Immune Medicine

International Myeloma Foundation
Interstitial Cystitis Association
Interstitial Cystitis Association
Johns Hopkins University & Medicine
KidneyCAN
KPCOM
LGBT Cancer Project
Long COVID Campaign
LUNGevity Foundation
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
Lupus Research Alliance
Lymphoma Research Foundation
Malecare Cancer Support
Melanoma Research Foundation
Mesothelioma Applied Research Foundation
MiB Agents Osteosarcoma
Monica Weldon Consulting LLC
National Alliance for Eye and Vision Research
National Alliance of State Prostate Cancer Coalitions
National Ataxia Foundation
National Brain Tumor Society
National CMV Foundation
National Fragile X Foundation
National Health Council
National Multiple Sclerosis Society
National Psoriasis Foundation
Neurofibromatosis Midwest
NF Network
NF Northeast
Nova Southeastern University
Ovarian Cancer Research Alliance
Pancreatic Cancer Action Network (PanCAN)
Panza Maurer
Partners Against Mortality in Epilepsy (PAME)
Pediatric Epilepsy Research Consortium
Pediatric Epilepsy Surgery Alliance
Penn State University
Phelan-McDermid Syndrome Foundation
PKD Foundation
Project CASK
Prostate Cancer Foundation
Pulmonary Fibrosis Foundation
Rally Foundation for Childhood Cancer Research
Rare Epilepsy Network Coordinating Committee
Research!America
Ron and Kathy Assaf College of Nursing

Sgt. Sullivan Circle
SHEPHERD Foundation
Sjogren's Foundation
Society for Women's Health Research
Society of Gynecologic Oncology
Solve M.E.
South Carolina Advocates For Epilepsy
St. Baldrick's Foundation
St. Jude Children's Research Hospital
Stony Brook University
Susan G. Komen
SynGap Research Fund, dba CURE SYNGAP1
TargetCancer Foundation
TB Alliance
The Buoniconti Fund to Cure Paralysis
The Foundation for Peripheral Neuropathy
The Kidney Cancer Association
The LAM Foundation
The Miami Project to Cure Paralysis
The National Pancreas Foundation
The Prostate Cancer Clinical Trials Consortium
The Quinism Foundation
The Society of Thoracic Surgeons
Theresa's Research Foundation
TSC Alliance
United Ostomy Associations of America
United Spinal Association
University at Albany
University of Cincinnati
University of Colorado Anschutz Medical Campus
University of Iowa
University of Pittsburgh
University of Virginia
Veterans for Common Sense
VHL Alliance
Virginia Commonwealth University
Weill Cornell Medicine
ZERO Prostate Cancer

cc: Members, U.S. House of Representatives

Enclosure: "Relevance to National Security and Military Families"