July 26, 2017

The Honorable John McCain
United States Senate
Chair
Committee on Armed Services
Washington, D.C. 20510

The Honorable Jack Reed
United States Senate
Ranking Member
Committee on Armed Services
Washington, D.C. 20510

Dear Chairman McCain and Ranking Member Reed:

The National Multiple Sclerosis Society (Society) urges you to support the Durbin-Blunt Amendment to nullify several provisions related to medical research in the 2018 National Defense Authorization Act (S. 1519). As written, S. 1519 would prohibit funding for medical research by the Department of Defense (DoD) unless such research meets very narrowly defined criteria. If enacted, this language could jeopardize funding for the Multiple Sclerosis Research Program (MSRP) within the Congressionally Directed Medical Research Program (CDMRP) and place unnecessary and burdensome red-tape acquisition compliance and auditing requirements on research programs within the DoD.

Multiple sclerosis (MS) is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Symptoms vary from person to person and range from numbness and tingling, to walking difficulties, fatigue, dizziness, pain, depression, blindness and paralysis. The progress, severity and specific symptoms of MS in any one person cannot yet be predicted, but advances in research and treatment are leading to better understanding and moving us closer to a world free of MS.

Specifically, the Society opposes Sections 733, 891, 892, and 893 of S. 1519. If enacted, Sec. 733 could jeopardize funding for research activities that have broader relevance to the U.S. military, including the health and well-being of military families and veterans, military readiness, and the efficiency of the military health care system. Section 891-893, would place unnecessary and burdensome acquisition compliance and auditing requirements on programs that are already serving the taxpayer well. The administrative cost of complying with these new requirements has the potential to outpace any savings that could accrue by increased program oversight – especially for smaller research programs that maintain less than $10 million in funding year-to-year, such as the MSRP.

Approximately 32,870 veterans in the United States live with confirmed MS. Out of that number, over 11,000 has a service connected disability for MS. The Veterans Health Administration provides care to more than 20,000 veterans a year that live with MS and a recent advisory committee from the Department of Veterans Affairs recommended further study into the potential link between combat service and increased risk of developing MS. The MSRP fills research gaps by funding high impact, high-risk and high gain projects that other research agencies may not fund. This type of innovative research is helping us stop MS in its tracks, restore what has been lost and end MS forever.

In the words of veterans living with MS:
“I was diagnosed while deployed overseas, in command of U.S. Army Air Cavalry Troop. Despite the ravaging effects of my disease, I remain in command. I served my soldiers and our country for an additional nine months before returning to the States to process for medical retirement. Our country lost a force multiplier because we do not yet have a way to lessen the impact of multiple sclerosis.”
– Kevin, Captain, United States Army (Retired), Diagnosed 1999

"This high-risk, high-reward research is complementary to the basic-science research done at the NIH and the private research funded through the National MS Society. Together, these research arms are working simultaneously to bring us closer to a cure.”
– Thomas, Air Force Chaplain (Retired), Diagnosed in 2003

“As a retired service member, if DoD Funding for the CDMRP can help both present and former service members in their battle with MS, then it's money well spent.”
– Robert, U.S. Army Staff Sergeant for 20 years, Diagnosed in 2012

“As a veteran with service-connected MS, I believe that CDMRP funding for MS research is vital. Studying the causes of MS may lead to ways to reduce the incidence MS in both active duty personnel and veterans.”
– Lori, Army Reservist, served in Saudi Arabia during Desert Shield/Desert Storm, MS diagnosis 5 years after being discharged.

Beyond the MSRP, the medical research programs at DoD directly impact the health and lives of the U.S. military, including combat veterans and their families. They include important medical research programs related to cancer, rare disorders, and infectious diseases. Grants awarded through these programs have led to breakthroughs on nerve regeneration and traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) – key developments favorably impacting our newest wounded warriors. Other programs provide groundbreaking research on psychological health, Gulf War Illness, spinal cord injury, and hearing and vision loss (which comprise a significant portion of current battlefield injuries). Many of these diseases, injuries and conditions occur at greater rates in those who have served in the military.

During floor consideration of S. 1519, we urge the Senate to consider and adopt the Durbin-Blunt Amendment, which would strike this harmful language from the NDAA and support continued investments in the medical research programs at the DoD. If you have any questions, please contact Leslie Ritter, Senior Director, Federal Government Relations at leslie.ritter@nmss.org or 202-408-1500.

Thank you,

Bari Talente, Esq.
Executive Vice President, Advocacy

CC:
All U.S. Senators