The Boards hope that you are staying well and adjusting as best as you can to the constant change we see while meeting the challenges from the COVID-19 pandemic.

In this Report, which includes information through late July, you will see that the Alliances have continued to be active in service of our vision research community—both in terms of NAEVR advocacy and AEVR education. We have also continued to broaden opportunities for input for our community as well as representation of our membership and community.

First, the Boards wish to congratulate Michael Chiang, MD in his new role as National Eye Institute (NEI) Director, which he starts later this year (see box below). As NIH Director Francis Collins, MD, PhD has noted, Michael brings a wealth of research and clinical experience to the position, as well as his knowledge about telehealth and “Big Data” that are increasingly driving the future of research and clinical practice. We would be remiss if the Boards did not thank Acting NEI Director Santa Tumminia, PhD for her leadership this past year and engagement of her team with NAEVR and ARVO, as evidenced by the summary of the June 26 NEI Webinar within the Report. That session and the May 19 Department of Defense (DOD) Webinar connected the vision community with its two largest federal funders.

Despite differences between the House and Senate supplementals, the final bill is the best short-term chance for research relief.

Under Executive Director Jim Jorkasky’s leadership, NAEVR has engaged in Capitol Hill advocacy—directly and with coalition partners—in calls with Congressional appropriations leaders and their staff on the need for science agency grantee relief, especially at the National Institutes of Health (NIH), due to laboratory shutdowns. Since relief could come in the form of a Congressional supplemental or emergency funding as part of the Fiscal Year (FY) 2021 Labor, Health and Human Services, and Education (LHHS) spending bill, you could well imagine how process-oriented those calls have been, especially since they include discussions of budget caps and one-time emergency funding that does not increase the NIH base. At this time, the House has proposed $3 billion in research relief in its fifth supplemental (the HEROES Act) and $5 billion in its FY2021 LHHS spending bill, while the Senate has just started releasing portions of its fifth supplemental (the HEALS Act) with $10 billion in research relief and has not yet released any FY2021 appropriations bills. The bottom line is that, despite expected differences between the House and Senate supplementals, the final bill is the best short-term chance for research relief, as FY2021 appropriations will likely not be finalized until late 2020/early 2021 and the government will be operating under a Continuing Resolution when FY2021 begins on October 1.

To emphasize the value of research and the importance of added research funding, AEVR will engage 22 early-stage investigators virtually in Capitol Hill education during its September 23 Sixth Annual Emerging Vision Scientists Day on Capitol Hill and September 24 NAEVR Advocacy Day. Since Dr. Collins has expressed his concern about the impact of lab shutdowns on the next generation of scientists, AEVR has planned to engage the EVSs in a virtual “Conversation about the Impact of COVID-19,” which will be shared with legislative offices. The two days of events begin with AEVR’s annual International Age-related Macular Degeneration (AMD) Awareness Week Congressional Briefing, which has a theme of Artificial Intelligence in Retinal Diseases—a topic of great interest to Dr. Chiang.

The Boards have been active on two fronts—electing new Directors and approving a new Membership Council Pilot Program, both actions of which are described in the Report. The Alliances list the current roster of 15 Directors, including those elected in May to fill seats of term-limited Directors and those elected in July to fill vacant seats. The Boards appreciate the commitment and service of those who retired in May and thank those recently elected for their willingness to serve. Regarding the new Member Councils that reflect the three membership sectors—Professional Societies, Industry, and Foundations/Patient Service/Research Organizations—I am sending a letter to each member organization soliciting a candidate to represent their interests in initial calls to be scheduled later this year.

The Boards appreciate the financial support from each member organization and encourage all to engage in the Alliances’ efforts to seek Congressional support for vision research.

Paul Lee, MD, JD
Director, W.K. Kellogg Eye Center/University of Michigan Medical School
NAEVR/AEVR Boards President
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734-764-6468

NAEVR Congratulates New NEI Director Michael Chiang, MD

On July 24, NIH Director Francis Collins, MD, PhD announced that Michael Chiang, MD will begin his new role as Director of the NEI in late 2020.

Currently, Dr. Chiang serves as the Knowles Professor of Ophthalmology & Medical Informatics and Clinical Epidemiology at Oregon Health & Science University, and is Associate Director of the OHSU Casey Eye Institute. Dr. Collins stated, “Dr. Chiang brings extensive experience as a clinician, researcher, and educator to NIH. His work in biomedical informatics and telehealth research are particularly important for the future of vision research.”

In that regard, in October 2019 Dr. Chiang was the featured speaker at the World Sight Day 2019 Congressional Briefing held by VISION 2020 USA and 18 vision organizations, including AEVR. Dr. Chiang spoke about the potential to harness Artificial Intelligence to better diagnose and treat various eye diseases, as well as to predict systemic health issues.

AEVR Executive Director James Jorkasky speaks with Dr. Chiang and Victoria Sheffield from the International Eye Foundation (IEF) at the October 2019 Briefing. Ms. Sheffield recently retired from her role as President & CEO of IEF, and the Alliances thank her for her contributions to global eye health.

AEVR Announces September 2020 Virtual Events

September 23
AEVR Congressional Briefing
Recognizing International AMD Awareness Week—Artificial Intelligence in Retinal Diseases: Focus on AMD and Diabetic Retinopathy
12 Noon – 1:15 pm

AEVR’s Sixth Annual Emerging Vision Scientists Day on Capitol Hill: EVS Videos and a Conversation about the Impact of COVID-19 (supported by a grant from Research to Prevent Blindness)

Full details and an RSVP for the Briefing link will be posted on the Web site.
Alliances Management

Each the NAEVR and AEVR Boards Elect New Officers and Directors

During a May 15 call, each the NAEVR and AEVR Boards elected two current Directors as new Officers who join President Dr. Lee and Treasurer Greg Skuta MD (continuing in their respective roles): Linda Hazlett, PhD (Wayne State University School of Medicine) as Vice President and Steven Feldon, MD (University of Rochester) as Secretary. In her role as Vice President, Dr. Hazlett also serves as Chair of the Nominating Committee, while Dr. Feldon will continue to serve as Chair of the Investment Committee.

Additionally, each Board elected three new Directors to serve in the class of 2020-2023—Judy Kim, MD (Medical College of Wisconsin), Kelly K. Nichols, OD, MPH, PhD (University of Alabama at Birmingham), and S. Grace Prakalapakorn, MD, MPH (Duke University). These Directors take the seats of term-limited Directors, including: Steven Fliesler, PhD (SUNY Buffalo/VA Medical Center Buffalo), who served as the Official Representative from ARVO, a founding member of the Alliances; Joan Miller, MD (Harvard Medical School), Thomas Yorio, PhD (University of North Texas Health Science Center), and Karla Zadnik, OD, PhD (Ohio State University College of Optometry). In recognizing these retiring Directors, Dr. Lee stated:

“The Boards of each NAEVR and AEVR thank Dr. Fliesler, Dr. Miller, Dr. Yorio, and Dr. Zadnik for their dedicated service and commitment to the Alliances. Each has a record of significant individual accomplishments in their service to the Alliances, and have played vital roles as Directors during a time of great success in NAEVR advocacy for vision research funding increases and AEVR education about the value of vision research.”

During a July 27 call, each Board elected two new Directors to the class of 2020-2023—Brian Hofland, PhD (Research to Prevent Blindness) and Rajesh Rajpal, MD (Johnson & Johnson Vision)—and Iris Rush, CAE as the Official ARVO Representative. With these recent elections, each Board consists of the bylaws-limited 15 Directors.

Directors on Each the NAEVR and AEVR Boards:

• Paul Lee, MD, JD, Director, Kellogg Eye Center, University of Michigan, NAEVR/AEVR President
• Linda Hazlett, PhD, Chair, Department of Anatomy and Cell Biology, Wayne State University School of Medicine, NAEVR/AEVR Vice President
• Gregory Skuta, MD, President and CEO, Dean McGee Eye Institute, Chair, Department of Ophthalmology, University of Oklahoma College of Medicine, NAEVR/AEVR Treasurer
• Steven Feldon, MD, Professor, Department of Ophthalmology and Director, Biomedical Research Development, University of Rochester School of Medicine and Dentistry, NAEVR/AEVR Secretary
• Mark Gordon, MS, Global Head, Regulatory Affairs, Alcon
• Brian F. Hofland, PhD, President, Research to Prevent Blindness
• Judy Kim, MD, Professor, Ophthalmology, Vitreoretinal Diseases and Surgery and Director, Teleophthalmology and Research, Medical College of Wisconsin
• Peter McDonnell, MD, Director, Wilmer Eye Institute, Johns Hopkins University School of Medicine
• Bartly Mondino, MD, Director, Jules Stein Eye Institute, David Geffen School of Medicine at University of California Los Angeles
• Kelly Nichols, OD, MPH, PhD, Dean and Professor, School of Optometry, The University of Alabama at Birmingham
• S. Grace Prakalapakorn, MD, MPH, Associate Professor, Ophthalmology and Pediatrics and Director, International Outreach, Duke University Eye Center
• Rajesh Rajpal, MD, Chief Medical Officer and Global Head of Clinical and Medical Affairs, Johnson & Johnson Vision
• Michael Robinson, MD, Vice President, Global Therapeutic Area Head, Ophthalmology, Allergan, an AbbVie Company
• Iris Rush, CAE, Executive Director, ARVO
• Earl Smith III, OD, PhD, Interim Health Officer, University of Houston

NAEVR and AEVR Announce Councils, Solicit Members

In a July 30 letter to member organizations, Dr. Lee announced a two-year Membership Council Pilot Program which was approved by the Boards as a new membership benefit. Designed to enhance communication between the Alliances and members, the Councils serve the needs of each of the three membership sectors: Professional Societies, Industry, and Foundation/Patient Service/Research Organizations.

The Councils are scheduled to meet twice yearly during which the Alliances will summarize current and planned activities to inform members and seek their input. This also facilitates members’ understanding of how the Alliances’ messaging and deliverables may be useful to their own programs.

Each member organization can nominate one individual to serve on the Council with appropriate standing/support to report back and engage the organization in Alliances activities. The Boards encourage members to consider diversity in representation, including individuals with less committee experience but want to be engaged in advocacy and education.

The July 30 letter included a fillable form for each member organization to nominate an individual by August 21 to Executive Director James Jorkasky.
NAEV R SCORECARD LEGISLATIVE ISSUES

NAEV R Advocacy Focuses on FY2021 Appropriations and Research Relief for NIH Grantees

NAEV R advocacy—both direct with Capitol Hill and in concert with coalition partners—has focused on research relief for science agency grantees, especially the NIH, whether through a supplemental bill or through emergency funding designated within regular FY2021 appropriations (although emergency funding is a one-time expense and does not add to the Agency funding base). NAEVR wishes to thank the Chairs and Ranking Members of each the House and Senate LHHS Appropriations Subcommittee for making themselves and/or their clerks available for calls to discuss mechanisms for timely research relief.

Congress Works on a Fifth Supplemental with Research Relief

Through its fourth supplemental, Congress had provided $3.6 billion to NIH for COVID-19 vaccine and related efforts, but no funding for research relief. However, on May 15, the House passed the Health and Economic Recovery Omnibus Emergency Solutions Act, also known as The HEROES Act (H.R. 6800), a $3 trillion package serving as the fifth supplemental to respond to the COVID-19 crisis. It provides $4.745 billion to NIH to expand COVID-19 related research on the NIH campus and at academic institutions across the country. Within the $4.021 billion provided through September 2024 to the Office of the NIH Director to prevent, prepare for, and respond to coronavirus, domestically and internationally, NIH must spend “not less than $3 billion of the amount...for offsetting the costs related to reductions in lab productivity resulting from the coronavirus pandemic.”

As expected, the Senate did not take up the HEROES Act, preferring to develop its own legislation. In late July, the Senate began to release a series of bills within its Health, Economic-Assistance, Liability Protection, and Schools (HEALS) Act which includes $15.5 billion in emergency supplemental funding for NIH, with $10.1 billion for “offsetting the costs related to reductions in lab productivity resulting from the coronavirus pandemic.”

NAEV R was pleased with this proposed funding amount, which had been requested by Dr. Collins in Senate testimony (see story below), since the week prior the Alliance joined with the biomedical research community in urging researchers to contact their Senators to support this funding level. Now, however, the hard work begins, with the Senate passing the HEALS Act and then conferencing it with the House. The Senate Appropriation Committee has mandated that President’s veto as part of the House’s FY2021 budget request. The bill also provides $24.425 billion in emergency funding to support state and local public health departments, public health laboratories, and global health activities.

Within the $96.4 billion for the Department of Health and Human Services ($1.5 billion increase over enacted FY2020), the NIH is funded at $47 billion, an increase of $5.5 billion above the FY2020 enacted level. Of the total amount appropriated, $42 billion is in annual appropriations (an increase of $500 million above FY2020 due to restrictive Subcommittee funding allocations imposed by the pre-pandemic spending caps) and the other $5 billion of the increase is in Title VI Emergency Funding (which was not subject to spending caps and is available for use through FY2025). Of the $5 billion, $2.5 billion is distributed across NIH’s I/Cs proportionate to funding. Of the remaining $2.5 billion in emergency funding, $225 million is under Buildings and Facilities and $2.275 billion is under the Office of the Director for further distribution. The bill’s Report Language for NIH states that the $5 billion in emergency funds will provide in part, “...support for current grantees to cover the shutdown costs, startup costs, and other costs related to delays in research in 2020. The emergency funds provided to NIH in this bill will help research institutions to address this financial burden and return to conducting lifesaving research as quickly and safely as possible.”

Of the $500 million NIH appropriation increase, the NEI receives $7.09 million, or a 0.8 percent increase over FY2020 enacted of $824.1 million, resulting in FY2021 funding of $831.18 million. However, the NEI also receives $53.03 million in Title VI Emergency Funding for a total of $601.12 million or 7.3 percent increase over enacted FY2020 for funding of $584.2 million. In that regard, the Committee statement acknowledges that “the bill increases funding for each Institute and Center by no less than 7 percent to support a wide range of critical research on diseases and conditions that affect individuals and families all over the world.”

In commenting on the LHHS bill, NAEVR echoed the statement released by the Ad Hoc Group for Medical Research, to which it belongs, thanking the Committee for the appropriation despite the restrictive funding cap and for the emergency funding that allows NIH to use a portion to offset COVID-19 research disruptions. Since the Senate does not plan to issue its spending bills until September, the chance of Congress passing a Continuing Resolution to fund the government when fiscal year 2021 begins on October 1 increases exponentially.

House Approves FY2021 LHHS Spending Bill with Modest NIH/NEI Increases, Research Relief

On July 31, the House approved a six bill “minibus” (H.R. 7617) that contained both the FY2021 LHHS and Defense spending bills (see back page). The LHHS bill includes $196.5 billion in overall funding, an increase of $2.4 billion above the FY2020 enacted level and $20.8 billion above the President’s FY2021 budget request. The bill also provides $24.425 billion in emergency funding to support state and local public health departments, public health laboratories, and global health activities.

Within the $96.4 billion for the Department of Health and Human Services ($1.5 billion increase over enacted FY2020), the NIH is funded at $47 billion, an increase of $5.5 billion above the FY2020 enacted level. Of the total amount appropriated, $42 billion is in annual appropriations (an increase of $500 million above FY2020 due to restrictive Subcommittee funding allocations imposed by the pre-pandemic spending caps) and the other $5 billion of the increase is in Title VI Emergency Funding (which was not subject to spending caps and is available for use through FY2025). Of the $5 billion, $2.5 billion is distributed across NIH’s I/Cs proportionate to funding. Of the remaining $2.5 billion in emergency funding, $225 million is under Buildings and Facilities and $2.275 billion is under the Office of the Director for further distribution. The bill’s Report Language for NIH states that the $5 billion in emergency funds will provide in part, “...support for current grantees to cover the shutdown costs, startup costs, and other costs related to delays in research in 2020. The emergency funds provided to NIH in this bill will help research institutions to address this financial burden and return to conducting lifesaving research as quickly and safely as possible.”

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NIH Director Dr. Collins Testifies Before Senate on NIH Needs

On July 2, Senate LHHS Appropriations Subcommittee Chair Roy Blunt (R-MO) held a hearing at which Dr. Collins testified, along with Centers for Disease Control and Prevention (CDC) Director Robert Redfield, MD, and Biomedical Advanced Research and Development Authority (BARDA) Acting Director Gary Disbrow. Dr. Collins described nearly $18.8 billion in emergency funding needed for the NIH, including at least $10 billion in relief to resume pre-pandemic research supported across the agency and in every discipline; $2.2 billion in new COVID-19 projects at individual I/Cs; $1.6 billion in new cross-Agency COVID-19 collaborations; and $5 billion in “shovel-ready” projects to aid in NIH’s response to the pandemic.

In a late July call with the advocacy community, NIH leadership commented that:

• Any research relief funding would be split 90 percent Extramural and 10 percent Intramural, per past allocations.

• It is still determining what would be the best mechanisms for research relief, such as administrative supplements.

• It is concerned about early-stage investigators and trainees and plans to reach out to academic institutions to determine the best way to assist based on revised policies they are adopting.
NAEVR and ARVO Host Webinars with Key Research Funding Agencies

With the cancellation of the 2020 ARVO Annual Meeting in Baltimore, NAEVR joined with ARVO in presenting collaborative Webinars with key funding Agencies—specifically the NEI and the Department of Defense (DOD)—which would have been held at the meeting. The May 19 DOD session, co-hosted by ARVO Immediate-Past President Daniel Stamer, PhD and NAEVR’s James Jorkasky, and the June 26 NEI session co-hosted by ARVO President Stephen Pflugfelder, MD and NAEVR’s James Jorkasky, attracted more than 450 participants total and provided valuable, detailed presentations on funding priorities. Recordings of the Webinars are posted on the ARVO Web site.

DOD Identifies its Vision Program Priorities as FY2020 Program Announcement Issues

At the May 19 Webinar, Q. Tian Wang, PhD, Program Manager for DOD’s Vision Research Program (VRP) within its Congressionally Directed Medical Research Programs (CDMRP), discussed the VRP’s history, the two-stage process used for reviewing proposals—Scientific Peer Review followed by Programmatic Review of how it meets DOD-identified research priorities—and the FY2020 Program Announcement, which was released the next day. She described VRP research priorities, funding mechanisms, application process, and dollar amounts and expected number of funded projects for each award from the total $20 million in funding provided by Congress—the second year in which the VRP has been funded at that level. The VRP, which is one of 35 medical research programs managed by DOD’s CDMRP, was established by Congress in FY2009 and through FY2019 has funded 117 projects for a total of $118 million.

The FY2020 Program Announcement, posted on the CDMRP Web site, details three funding mechanisms which are similar to that in the FY2019 process but at increased funding levels:

- Investigator Initiated Research Awards (IIRA, with two funding levels)
- Translational Research Awards (TRA)
- Focused Translational Team Science Awards (FTTSA)

Pre-proposals were due on July 28, and full proposals will be due November 18.

Dr. Wang also discussed additional funding opportunities, including the Broad Agency Announcement (BAA), the Small Business Innovative Research (SBIR) Program, and DOD Request for Information (RFI) / Request for Project Proposals (RPP). DOD funding opportunities are available to domestic and international researchers, and those who navigate the VRP are more likely to apply for funding from other DOD programs with key words (“sensory” and “rehabilitation”) and diseases with a vision impact. Through twelve different DOD funding programs, including the VRP, vision researchers have received upwards of $222 million since FY2001.

NEI Reports on Funding, Reviews Priority Programs and Activities

On June 26, Michael Steinmetz, PhD, Director of NEI’s Extramural Science Programs, first reviewed the Institute’s final FY2019 Operating Budget ($793.8 million, down from enacted $796.5 million due to a Secretary transfer) and its FY2020 Operating Budget of $823.3 million.

Dr. Steinmetz emphasized that vision researchers have benefited from other NIH funding programs, such as the Brain Research through Advancing Innovative Technologies (BRAIN) Initiative and the Regenerative Medicine Initiative, both mandated by the 21st Century Cures Act. Vision has received almost a quarter of Regenerative Medicine Initiative funding, while NEI estimates that “vision” (defined as past-funded NEI investigators and researchers studying brain circuitry through the visual route) in FY2019 received 80 new grants, or 44 percent of the 182 new grants, for a total of $93 million in new grant funding. The six-year total of new grant funding to “vision” from BRAIN is more than $310 million.

He discussed changes in the NIH Peer Review process in detail, as well as the status and timeline of NEI’s Strategic Plan, developed as part of NIH’s overall Congressionally mandated Strategic Plan. He described NEI’s new Anterior Segment Initiative, designed to complement the Audacious Goals Initiative for retina, and which will consider inflammation, ocular pain, dry eye, and the ocular microbiome. In response to a Request for Information (RFI) which NEI issued in fourth quarter 2019, almost a quarter of the 52 respondents (reflecting over 200 stakeholders) wanted NEI to support more work in inflammation, including new models for research, infectious disease, ocular pain, and regenerative medicine.

He concluded by reminding participants about a variety of COVID-19 Funding Opportunity Announcements (FOAs) since vision researchers have received funding from several trans-NIH initiatives.

NEI Budget Highlights

In FY2019, 85 percent of NEI’s budget was spent on the Extramural Program, 11 percent on the Intramural Program, and 4 percent on Research Support (Administration).

While the FY2019 NIH Success Rate was 20 percent, NEI’s was 28 percent, due to its focus on Research Project Grants (RPGs) and by maintaining the average costs of grants. RPGs reflect 73.2 percent of the Extramural budget.

Of NEI’s six program areas, Retinal Diseases reflects 44 percent of the budget, followed by Strabismus, Amblyopia & Visual Processing (23 percent), Corneal Diseases (13 percent), Glaucoma (10 percent), Lens & Cataract (7 percent), and Low Vision (3 percent).
On July 8, AEVR and the Tear Film & Ocular Surface Society (TFOS) joined with the vision community and coalition partners (see bottom box) in recognizing July 2020 as 

Dry Eye Awareness Month in its fifth annual Congressional Briefing entitled How Lifestyle Changes During the COVID-19 Pandemic Can Affect Vision. AEVR focused on this topic since billions of individuals globally at all stages of life have been reliant on digital communications to learn, conduct work, and to stay in communication with loved ones during the recent stay-at-home orders. As a result, prolonged device exposure time can have many consequences, including Digital Eye Strain (DES), which can result in a short-term effect such as blurred vision, as well as both short- and potential long-term effects, such as Dry Eye Disease (DED).

Digital Eye Strain (DES)
Addressing the omnipresent Digital Eye Strain, Bridgitte Shen Lee, OD (Vision Optique) presented multi-year results from The Vision Council’s Vision Watch Surveys which revealed that adults and children are spending more time than ever on a multitude of digital devices due to working, learning, and socializing. Dr. Shen Lee predicted a significant uptick in usage in 2020. Concomitantly, adults have been reporting increased DES symptoms, including visual (blurred, fluctuating or double vision, difficulty focusing, and dry eyes), musculoskeletal (neck, shoulder, back, and wrist pain), and headache. In her clinic, Dr. Shen Lee sees that children also experience similar physiological symptoms, as well as behavioral symptoms such as poor behavior, irritability, and reduced attention span.

While Meibomian Gland Dysfunction (MGD) is the leading cause of DED, as 86 percent of patients with dry eye have MGD—a condition often seen in adult DED patients, cataract patients, and contact lens wearers as a result of changes to or degradation of the meibomian glands which produce the lipid necessary for a healthy tear film—children are also now increasingly susceptible to this ocular discomfort. Since literature on MGD incidence in the pediatric population is sparse, Dr. Shen Lee urged more research into the long-term effect on ocular health from an increasing digital lifestyle.

Nutrition and Depression and Dry Eye, Especially During COVID-19
Esen Karamursel Akpek, MD (Johns Hopkins University) spoke about the role of nutrition in DED and Ocular Surface Disease (OSD), emphasizing the important role of Omega-3 fatty acids, Vitamins A, B12, C, and D, the metal selenium (found in fish), and compounds found in food such as curcumin (spices) and flavonoids (fruit). These substances can either regulate healthy cellular processes or provide protection from oxidative stress. Dr. Akpek expanded upon the role of nutrition by addressing how eating and working habits during the pandemic can affect psychological health, including depression, especially if work habits lead to visual stress (eye strain, blurred vision, reduced reading ability, and dry eye). She concluded by describing various surveys being conducted during the pandemic to gauge increased eye strain and its physiological and psychological impacts.

The experts, in the management of DED as well as active members of TFOS, have served as either TFOS Global Ambassadors or members of the TFOS Dry Eye Workshop II (TFOS DEWS II™) Report, released in July 2017 and published in The Ocular Surface journal. In this re-examination of DED since the initial report issued in 2007, TFOS DEWS II™ updated the definition, classification, and diagnosis of DED; critically evaluated the epidemiology, pathophysiology, mechanism, and impact of the disease; addressed its management and therapy; and developed recommendations for the design of clinical trials to assess pharmaceutical interventions. The Report also addressed multiple aspects of the physical, psychological, and socioeconomic impacts of DED, and explained why lifestyle choices, such as environment, surgery, social media use, contact lens wear, anti-depressant medications, and cosmetics are risk factors for the condition.

Even before the pandemic, dry eye had been identified as a global problem, affecting more than 40 million people in the United States alone. It occurs when the eye does not produce tears properly or when the tears are not of the correct consistency and evaporate too quickly. For some people, it feels like a speck of sand in the eye, or a stinging or burning that does not go away. For others, dry eye can become a painful chronic and progressive condition that leads to blurred vision or even vision loss if it goes untreated due to inflammation that can cause ulcers or scars on the cornea—the clear surface of the eye. Moderate-to-severe dry eye is associated with significant quality-of-life consequences, such as pain, role limitations, low vitality, poor general health, and depression.
DEFENSE-RELATED VISION FUNDING

Since it was created by Congress in FY2009, Defense appropriations by NAEVR advocacy and through FY2019, the Vision Research Program (VRP), within the Congressionally Directed Medical Research Programs (CDMRP), has been funded by Congress at $124.5 million and has funded 117 projects for a total of $118 million.

FA2291
DEFENSE-RELATED VISION FUNDING

House FY2021 Defense Spending Bill Proposes $20 Million in VRP Funding

On July 31, the House approved a six bill “minibus” that contained both the FY2021 Defense and LHHS spending bills (details on latter in inside left page). The Defense spending bill, which includes funding for the VRP and all DOD Health Programs, funds the VRP at a level of $20 million, the same as in each FY2019 and FY2020. NAEVR had requested FY2021 VRP funding at $30 million, a $10 million increase. To support this increase, NAEVR cited results from AEVR’s 2018 update of the Cost of Military Eye Injury study, published in the May/June 2019 edition of the journal Military Medicine, that estimated total cost from the 2000-2017 timeframe at $41.5 billion, with $40.2 billion of that cost reflecting the present value of a lifetime of long-term benefits, lost wages, and family care.

In most years, the counterpart bill from the Senate Appropriations Committee only funds a small number of the DOD research programs and accepts the House funding levels for the remainder, so this number is unlikely to change on the Senate side. The Senate does not plan to issue its spending bills until September.

NAEVR/AEVR Move, with New Address

Note that the Alliances moved in early July, along with ARVO from which it sublets space, to a new address:

5515 Security Lane, Suite 500
Rockville, Maryland 20852-1606

FY2020: VRP Program Committee Issues Program Announcements

As noted in the DOD Webinar story (inside middle page), on May 20 the VRP issued its FY2020 Program Announcement, with VRP funding at $20 million. Prior on April 1, the VRP Program Committee held a Vision Setting Web meeting in which NAEVR participated as a guest and during which the Committee established research goals and chose funding mechanisms for the FY2020 funding cycle. The three distinct funding mechanisms include:

• Investigator Initiated Research Awards (IIRA, with two funding levels), with a maximum funding of $260,000 over 2 years/$750,000 over 3 years.
• Translational Research Awards (TRA), with a maximum funding of $1 million over 3 years.
• Focused Translational Team Science Awards (FTTSA), with a maximum funding of $5 million over 4 years.

Pre-applications were due July 28, and full applications will be due November 18.

Researchers who would like to be informed about potential DOD funding opportunities should contact NAEVR’s David Epstein at depstein@eyeresearch.org to be added to NAEVR’s Defense Research Interest List.

FY2019: VRP Program Committee Finalizing Awards

Following up on decisions made at the VRP Program Committee’s March 31 meeting, the VRP has been contacting researchers to negotiate contracts for the selected projects. In the FY2019 cycle, the VRP received 127 Pre-Applications and invited 72 researchers to submit full proposals, receiving 65 compliant applications. Of those, 21 were recommended for funding, reflecting a success rate of 32.3 percent, and a total of $17.92 million will be awarded (net of $20 million funding and CDMRP administrative costs). A list of all projects selected for funding is available on the CDMRP Web site.

BVA Hosting November 2020 Veterans Day Events

Alliances member Blinded Veterans Association (BVA) has been chosen to host the November 11 Veterans Day 2020 Wreath-Laying event at Arlington Cemetery—the first time for a vision-related veterans group to serve in this capacity. BVA will host a reception of Veterans Service Organizations (VSOs), Military Service Organizations (MSOs), dignitaries, and sponsors (which includes NAEVR) at a reception at Ft. Myer, Va. At this time BVA is proceeding with the intent to hold all events as planned, although this could change in response to the COVID-19 pandemic.

Visit the Defense-related Vision Research section of NAEVR’s Web site at www.eyeresearch.org for details

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