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DEFENSE-RELATED VISION FUNDING

Since it was created by Congress in FY2009 CDMRP Vision Manager Speaks at NAEVR Defense appropriations by NAEVR advocacy and through FY2019, the Vision Research Program (VRP) has been funded by Congress at \$104.5 million and has made 85 awards for a total of \$85 million, with FY2018 awards still to be negotiated and signed.

FY2020: House Proposes \$20 Million

H.R. 2740, the House minibus spending package that also included the LHHS bill in addition to the Defense bill, funds the VRP at \$20 million, the amount requested by NAEVR and the same level as in FY2019. The spending package now moves to the Senate, which has yet to begin its work on individual FY2020 spending bills. Generally, the Senate Appropriations Committee does not include funding for most DOD medical research programs, but instead accepts the funding levels in the House appropriations bills when the two chambers' bills are conferenced.

FY2019: VRP Issues Program Announcements

On May 24, the VRP released its FY2019 Program Announcements, with \$20 million available for research in three funding mechanisms with pre-proposals due by August 6:

- Focused Translational Team Science Award (FTTSA), with a maximum funding of \$5 million over four years
- Investigator-Initiated Research Award (IIRA), with two separate funding levels: Level 1, with a maximum funding of \$260,000 over two years; and Level 2, with a maximum funding level of \$500.00 over three years
- Translational Research Award (TRA), with a maximum funding of \$750,000 over three years



Session at ARVO



CDMRP Vision Program Manager Tian Wang, PhD

At NAEVR's April 29 Defense-Related Vision Research Opportunities session at the ARVO Annual Meeting in Vancouver, DOD Vision Research Program (VRP) Manager Q. Tian Wang, PhD, spoke about the VRP's history and priorities, the VRP Program Committee's recently selected FY2018 awards, and the then-impending FY2019 Program Announcements. Dr. Wang emphasized that, unlike the NIH grant review process, the CDMRP uses a two-tier review process-Peer Review first for scientific merit, and then Programmatic Review for military relevance, especially that which responds to DOD-identified research gaps listed in the Program Announcements.

Subsequent to the session, Dr. Wang let NAEVR know that a new DOD-NEI Vision Research Collaborative (VRC) agreement will enable additional FY2018 VRP projects to be funded which were originally on the alternates list—although the exact number is not finalized. The VRC will also be in effect for the FY2019 funding cycle, meaning that the NEI will again have the option to fund high-scoring grants that cannot be funded due to limitations on VRP funding.

In addition to her appearance at NAEVR's session, Dr. Wang, along with VRP Science Officer Marc Mitchell, attended the ARVO Annual Meeting sessions and met one-on-one with researchers from Sunday through Wednesday at a dedicated CDMRP booth. These meetings allowed researchers to discuss their ideas for projects and gauge the potential interest of the VRP.

A link to the three Program Announcements as well as a synopsis of all three funding mechanisms is available on the CDMRP Web site.

NAEVR Moderates Defense Discussion At Focus on Eye Health Summit



Summit attendees also included Joe Bogart (far left) and Tom Zampieri, PhD (far right), both from the Blinded Veterans Association, Col. Reynolds, and Michael Pattison, OD, from the U.S. Army Public Health Center

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

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At the July 17 Prevent Blindness Focus on Eye Health National Summit entitled, "A Lifetime of Vision," NAEVR's James Jorkasky moderated a panel that included Colonel Mark Reynolds, MD, MPH, the Director of the joint DOD/Department of Veterans Affairs (VA) Vision Center of Excellence (VCE). Dr. Revnolds focused on the VCE's use of its Defense and Veterans Eye Injury and Vision Registry (DVEIVR) to enable tracking of eye injuries of active duty Service Members to study outcomes and inform treatment recommendations.

