



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

DEC 10 2014

The Honorable Barbara A. Mikulski
Chairwoman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Madam Chairwoman:

The enclosed report responds to Senate Report 112-196, page 228, which accompanied H.R. 5856, the Department of Defense Appropriations Bill, 2013, concerning traumatic brain injury and psychological health. We provided an interim report on September 26, 2013, promising the final report in December 2014. The report provides the details of the \$135 million directed to the program, including lists of the funded projects, the amount of funding provided to each project, and a thorough description of each project's research. The final science funding allocation total after sequestration reductions and management and execution costs was \$116,601,119.

This report is organized into two categories: expenditure plans and collaborative efforts for Fiscal Year 2013 funding. These funds enabled new research efforts to be initiated and allowed for the continuation of prior peer-reviewed and programmatically reviewed efforts deemed to be meritorious based on mission relevance. This report includes information on collaborative efforts forged among the federal agencies called upon in Section 5 of the President's August 31, 2012, Executive Order, "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families."

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the other congressional defense committees.

Sincerely,


Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Richard C. Shelby
Vice Chairman



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The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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The Honorable Nita M. Lowey
Ranking Member



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The Honorable Richard J. Durbin
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

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The Honorable Thad Cochran
Vice Chairman



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The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

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The Honorable James M. Inhofe
Ranking Member



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PERSONNEL AND
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The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

DEC 10 2014

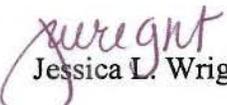
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The Honorable Adam Smith
Ranking Member



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READINESS

DEC 10 2014

The Honorable Rodney P. Frelinghuysen
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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The Honorable Peter J. Visclosky
Ranking Member

**REPORT TO THE CONGRESSIONAL DEFENSE COMMITTEES IN RESPONSE TO
SENATE REPORT 112-196, pg. 228, WHICH ACCOMPANIED H.R. 5856, THE
DEPARTMENT OF DEFENSE APPROPRIATIONS BILL, 2013**

“TRAUMATIC BRAIN INJURY AND PSYCHOLOGICAL HEALTH”



**SUBMITTED BY THE OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
(HEALTH AFFAIRS)**

**SUPPORTED BY THE U.S. ARMY MEDICAL RESEARCH AND MATERIEL
COMMAND, CONGRESSIONALLY DIRECTED MEDICAL
RESEARCH PROGRAMS**

The estimated cost of report for the Department of Defense is approximately \$4,130 in Fiscal Years 2013 - 2014. This includes \$3,380 in expenses and \$750 in DoD labor.

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1.0 PURPOSE

Senate Report 112-196, Page 228, accompanying H.R. 5856, the Department of Defense Appropriations Bill, 2013, requested the Assistant Secretary of Defense for Health Affairs to provide a report to the congressional defense committees on expenditure and obligation data of Congressional funding for traumatic brain injury (TBI) and psychological health (PH). In addition, this report should include information on agreements made with other government agencies to address these complex issues.

In March 2013, Public Law 113-6, from the Consolidated and Further Continuing Appropriations Act, 2013, with further detail in a House explanatory statement printed on Congressional Record, page H.1228, and a Senate explanatory statement printed on Congressional Record, page S.1515, appropriated \$135 million (M) for the Peer-Reviewed PH and TBI Research Program.

This report is organized into two categories: expenditure plans (funded research efforts, and others) and collaborative efforts. The report provides details of the awards supported with Fiscal Year (FY) 2013 PH/TBI congressional special interest (CSI) funding. The TBI and PH collaborations described in this report are not limited to FY13 PH/TBI CSI funded efforts, as they incorporate collaborations supported from many sources which have been leveraged to maximize the productivity and outcomes of the enterprise. This report also includes information on collaborative efforts among the federal agencies requested in Section 5 of the President's August 31, 2012, Executive Order (EO); "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families." This EO called for the development of a National Research Action Plan (NRAP) to improve coordination among agency efforts working toward improving prevention and treatment of posttraumatic stress disorder (PTSD), TBI, and related PH issues. The studies supported with FY13 PH/TBI CSI funds contribute to the NRAP initiative.

2.0 BACKGROUND

The effects of military deployments on PH and TBI have gained great visibility throughout the Department of Defense (DoD) and the Department of Veterans Affairs (VA). As a result, the DoD, in coordination with the VA and other government agencies, and with the support of Congress, has increased attention on initiatives designed to improve the prevention, detection, diagnosis, treatment, and rehabilitation of members of the Armed Forces with PH and TBI concerns.

The PH/TBI Research Program was initiated in FY07 for the purpose of complementing ongoing DoD efforts toward promoting a better standard of care for PH (including PTSD) and TBI in the areas of prevention, detection, diagnosis, treatment, and rehabilitation. This includes research to benefit Service members, their family members, veterans, and other beneficiaries of the Military Health System.

Since receiving the first PH and TBI funding in the FY07 Supplemental Appropriation, the DoD has initiated and sustained projects and collaborations designed to address the recommendations outlined in various task forces and commissions (such as the President's Commission on Care for Returning Wounded Warriors, the DoD Task Force on Mental Health, and the Military and Veterans Mental Health Interagency Task Force).

This report conveys the research projects supported with the FY13 PH/TBI CSI funding. In addition, the report provides information on collaborative efforts initiated by the DoD, the VA, the Department of Health and Human Services (HHS), and the Department of Education (ED) during FY13.

A variety of activities are currently under way in support of the NRAP, including funded research projects within the agencies' complementary portfolios in PTSD, TBI, suicide prevention, and associated comorbidities. The DoD's Systems Biology Initiative and the Millennium Cohort and Family Cohort Studies, the VA's Million Veteran Program, and National Institutes of Health's biomarker and mechanistic research programs all hold promise to advance prevention and treatment interventions. The DoD and the Centers for Disease Control and Prevention are partnering with the Brain Trauma Foundation to develop a clinically meaningful classification system of mild TBI/concussion that will enable improved clinical assessment of patient status and prognosis. Suicide prevention research includes the DoD's Military Suicide Research Consortium and the National Institute of Mental Health (NIMH) and Department of the Army's Study to Assess Risk and Resilience in Service members (Army STARRS) program. These agencies and collaborative efforts support research that contributes to a better understanding of the mental health needs of military/veteran families and the best ways to prevent, treat, and provide services for them.

3.0 RESEARCH EFFORTS

The management and oversight of the research programs and portfolios in the Defense Health Program are conducted by the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)), with the support of several Joint Program Committees (JPCs) under the Director, Research, Development, and Acquisition Directorate of the Defense Health Agency. The JPCs are charged with developing programs to research and develop solutions to address the medical threats to which our Service members and their families are exposed. This mission covers the active duty Service member from accession into the Service, through training, deployment, reset, and rehabilitation or discharge. Specifically, the JPC for Military Operational Medicine (JPC-5), the JPC for Combat Casualty Care (JPC-6), and the JPC from Clinical and Rehabilitative Medicine (JPC-8) are responsible for the FY13 PH/TBI research program.

The JPC's planning efforts for the FY13 PH/TBI CSI-funded research started in the fall of 2012 based on preliminary information regarding potential funding from the House Appropriations Committee, Subcommittee on Defense, and the Senate Appropriation Committee, Subcommittee on Defense, actions. The entire program for FY13 has been delayed for several reasons. The final FY13 appropriation was not signed until March 26, 2013. Uncertainty of funding due to sequestration reductions delayed the release of funds; therefore obligation of the FY13 PH/TBI CSI funds was delayed. Despite delays, the OASD(HA), with support of the JPCs, developed and released several program announcements (PAs) identifying research opportunities for the FY13 PH/TBI CSI funds.

After sequestration reductions and management and execution costs were determined, the funding available to support new and ongoing research efforts was \$116,601,119. These funds enabled new research efforts to be initiated and allowed for the continuation of prior peer-reviewed and programmatically reviewed efforts deemed to be meritorious based on mission relevance.

The studies listed in the table below total \$64,784,958 and include ongoing efforts and new efforts for intramural and extramural research, supported with FY13 PH/TBI CSI funds. Intramural and extramural research efforts were selected from applications to competitive processes such as PAs or the FY13 USAMRMC Broad Agency Announcement. Intramural efforts were also funded via partnerships with extramural investigators or institutions.

JPC	Proposal Title	Organization	FY13 Funding	Status
8	Chronic Effects of Neurotrauma Consortium (CENC) award supplement*	CENC	\$1,034,000	Ongoing Effort
5	Multimodal Retrospective and Prospective Unit-level Analysis of Military Workplace Violence	Research Triangle Institute	\$692,251	Ongoing Effort
5	Hyperbaric Oxygen Studies	U.S. Army Medical Materiel Development Activity (USAMMDA)	\$1,964,358	Ongoing Effort
5	Trauma Management Therapy for OEF and OIF Veterans	University of Central Florida	\$249,994	Ongoing Effort
5	Innovative Service Delivery for Secondary Prevention of PTSD in At-Risk OIF-OEF Service Men and Women	VA Medical Center, Charleston, SC	\$291,940	Ongoing Effort
5	When Parents Go To War: Psychological Adjustments Among the Families of Deployed OEF/OIF Service Members	University of Central Florida	\$532,344	Ongoing Effort
5	Millennium Cohort Family Study	Naval Health Research Center (NHRC)	\$1,589,000	Ongoing Effort
5	Biomathematical Models for Individualized Prediction of Cognitive Performance and Decrements Due to Sleep Deprivation	Biotechnology High Performance Computing Software Applications Institute	\$780,000	Ongoing Effort

JPC	Proposal Title	Organization	FY13 Funding	Status
5	A Randomized, Controlled Trial of In-Home Tele-behavioral Health Care Utilizing Behavioral Activation for Depression	Geneva Foundation	\$864,470	Ongoing Effort
5	Cognitive Rehabilitation: ACTION Training for Soldiers with Executive Dysfunction	Abbott Northwestern Hospital	\$173,187	New Start
5	Validating Biomarkers for PTSD Through Systems Biology	New York University School of Medicine	\$900,000	New Start
5	Development of Predictive Models of Repeated Blast Exposures and Optimal Exposure Conditions for Model Development	Uniformed Services University of the Health Sciences (USUHS)	\$261,000	New Start
5	Intervening to Reduce Suicide Risk in Veterans with Substance Abuse Disorders	University of Michigan	\$3,729,366	New Start
5	Understanding the Impact of Having a Military Father on Adolescent Children	King's College, London	\$1,106,286	New Start
5	Evaluation of the Safety and Efficacy of the FAAH Inhibitor URB597 in Patients with PTSD	Mount Sinai School of Medicine	\$4,514,630	New Start
			\$22,507	Ongoing Effort
5	Spin, Unit Climate and Aggression: New Term, Long Term and Reciprocal Predictors of Violence Among Workers in Military Settings	University of Texas, San Antonio	\$558,798	New Start
5	Internet-Delivery of Prolonged Exposure Therapy for Combat-Related PTSD	University of Pennsylvania	\$1,044,094	New Start

JPC	Proposal Title	Organization	FY13 Funding	Status
5	Biomarkers for PTSD Through Systems Biology	University of California (Santa Barbara)	\$700,000	Ongoing Effort
5	Biomarkers for PTSD Through Systems Biology	U.S. Army Center for Environmental Health Research Institute of Systems Biology	\$2,284,318	Ongoing Effort
5	Study to Examine Psychological Process in Suicidal Ideation and Behavior (STEPPS)	University of Stirling, UK	\$665,674	Ongoing Effort
5	Utilizing Interactive Restoration (iREST) to Enhance the Resilience of Military Couples	Brooke Army Medical Center	\$15,000	Ongoing Effort
5	Development and Evaluation of Veteran Supportive Supervisor Training (VSST): Improving Reintegration of the Oregon National Guard and Reserves in the Workplace	Portland State University	\$334,894	Ongoing Effort
5	Under Body Blast/Warrior Injury Assessment Manikin Project	Army Research Laboratory/Research Development Engineering Command	\$2,500,000	Ongoing Effort
5	Consortium to Alleviate PTSD	University of Texas Health Science Center	\$983,952	Ongoing Effort
5	Reintegration Difficulty of Military Couples Following Deployment	University of Illinois	\$194,601	New Start
6	Phase II Neuren mTBI trial (oral)	Neuren Pharmaceuticals	\$734,200	New Start
6	Targeted Evaluation, Action, & Monitoring of TBI (TEAM-TBI)	USUHS	\$60,000	New Start
		University of Pittsburgh	\$4,272,445	
6	Continuation/Acceleration of Operation Brain Trauma Therapy	Walter Reed Army Institute of Research	\$3,600	Ongoing Effort
		University of Pittsburgh	\$2,999,713	

JPC	Proposal Title	Organization	FY13 Funding	Status
6	Mechanism and Biomarkers of Degenerative Conditions After Repeated Mild Traumatic Brain Injury	USUHS	\$767,527	New Start
6	Novel Mechanism for Reducing Acute and Chronic Neurodegeneration After Traumatic Brain Injury	California, University of, Davis	\$763,916	New Start
6	FIRBIR Legacy Database Curation Joint Program Conversion of Clinical Data from NIBISH I&II into FITBIR	Baylor College of Medicine	\$115,263	New Start
6	FIRBIR Legacy Database Curation Joint Program Conversion of Clinical Data from the Epo TBI Trial	Baylor College of Medicine	\$174,894	New Start
6	FIRBIR Legacy Database Curation Joint Program Conversion of Clinical Data from the National Institute on Disability and Rehabilitation Research FITBIR	Craig Hospital, Colorado	\$259,100	New Start
6	TBI End Points Development	University of California-San Francisco and USAMMDA	\$5,000,000	New Start
6	Clinical Research Management (CRM) Contract	CRM	\$26,260	Ongoing Effort
6	Service Contract for Zeiss Imaging Systems	Zeiss Imaging System	\$16,247	Ongoing Effort

JPC	Proposal Title	Organization	FY13 Funding	Status
6	System Utilizing Advance Algorithm techniques, Machine Learning and Multi-modality for Urgent Care mTBI Assessment	Brainscope/NHRC	\$3,000,000	New Start
6	Objective Brain Function Assessment of Mild Traumatic Brain Injury (mTBI) from Initial Injury to Rehabilitation and Treatment Operations	Brainscope/NHRC	\$6,389,896	New Start
6	Analyses of Alternatives (Treatment and Diagnostics)	Booz-Allen	\$250,000	Ongoing Effort
6	Comprehensive Study of Acute Effects and Recovery After Concussion	The Medical College of Wisconsin	\$5,508,596	New Start
6	Enhancing the Detection and Management of mTBI in Military Personnel using the C3 App	Cleveland Clinic Foundation	\$573,279	New Start
6	Independent Audit of Banyan	US Army Medical Materiel Agency	\$65,773	Ongoing Effort
6	Advanced Imaging Acquisition and Data Analysis for a Military TBI Neuroimaging Database	Northtide Group, LLC to support National Intrepid Center of Excellence (NICoE)	\$1,876,229	Ongoing Effort
6	Development and Testing of Iron Based Phantoms as Standards for the Diagnosis of Microbleeds and Oxygen Saturation with Applications in Dementia, Stroke and Traumatic Brain Injury	Wayne State University	\$659,356	Ongoing Effort

JPC	Proposal Title	Organization	FY13 Funding	Status
6	Prolonged Hypobaric During AE and the Effects on TBI: Loss of Crucial TBI research in the AE	Air Force Research Lab (AFRL)	\$486,000	Ongoing Effort
6	Biomarker Research	USUHS	\$622,000	Ongoing Effort
Clinical Research Initiative (Intramural)	Connectome Analysis of Distributed Neural Networks in Military TBI/PH	Walter Reed National Military Medical Center (WRNMMC) NICOE	\$730,000	New Start
Clinical Research Initiative (Intramural)	Human-Dog Interactions: Neuroendocrine and Physiological Alterations in Servicemembers with PTSD Who Train Service Dogs	USUHS	\$828,000	New Start
Clinical Research Initiative (Intramural)	Evaluation of Objective Assessments from Acute Combat-Related mTBI/Concussion patients to Inform Return-to-Duty Guidance and Postconcussive Syndrome Risk	Navy Medical Research Center (NMRC)	\$40,000	New Start
Clinical Research Initiative (Intramural)	Evaluation of Objective Assessments from Acute Combat-Related mTBI/Concussion patients to Inform Return-to-Duty Guidance and Post-concussive Syndrome Risk	Navy Experimental Diving Unit (NEDU)	\$3,000	New Start
		NMRC	\$33,000	New Start
Clinical Research Initiative (Intramural)	Medical Research for Blast Injuries	USUHS	\$540,000	New Start

*CENC award: The OASD(HA) supplemented the FY12 CENC with \$1.034M of FY13 PH/TBI appropriation to correct for loss of funds due to sequestration.

The following descriptions show the areas of research interest described in the PAs for the FY13 PH/TBI CSI funds.

3.1 Military Operational Medicine, JPC-5

3.1.1 Basic/Applied Psychological Health Award: The PA solicited applications focused on specific PH research topic areas including: psychological and psychosocial issues associated with dismounted combat injuries; sexual trauma issues; combat-related psychological issues unique to women; unique gender and gender orientation issues; cognitive rehabilitation; return-to-duty following psychological injury; workplace violence within the military; methods for motivating engagement in health promotion behaviors; methods for optimizing and encouraging use of evidence-based interventions; and prevention and treatment of substance abuse.

The OASD(HA) Defense Medical Research and Development Program (DMRDP) allotted \$10,768,846 of FY13 PH/TBI CSI appropriation to fund four Basic/Applied Psychological Health Award applications.

JPC	Proposal Title	Organization	FY13 Funding	Status
5	Uncovering the Physiological Markers Linking Sleep and PTSD	Biotechnology High Performance Computing Software Applications Institute	\$3,883,126	New Start
5	Addressing the Health Concerns of VA Women with Sexual Trauma	Women & Infants Hospital of Rhode Island	\$1,022,633	New Start
5	Innovative Delivery of Evidence-based Psychotherapy to Women with Military Sexual Trauma	Medical University of South Carolina	\$2,064,315	New Start
5	The PTSD Practitioner Registry: An Innovative Tracking, Dissemination, and Support Tool for Providers in Military and Nonmilitary Settings	VA Palo Alto Health Care System	\$1,565,112	New Start
		New England Research Institute	\$1,838,018	New Start
		Walter Reed Army Institute of Research	\$395,642	New Start

3.1.2 Joint DoD and NIH funding opportunity announcement for Prevention and Health Promotion Interventions to Prevent Alcohol and Other Drug Abuse and Associated Physical and Psychological Health Problems in U.S. Military Personnel, Veterans and their Families.

This Funding Opportunity Announcement (FOA) was jointly issued by the OASD(HA), the National Institute of Drug Abuse (NIDA), the National Institute of Alcohol Abuse and Alcoholism (NIAAA), and the National Center for Complementary and Alternative Medicine (NCCAM). The aim was to accelerate research on health promotion and prevention interventions focused on reducing the onset and progression of alcohol, tobacco, and other

drug use and abuse (including illicit and prescription drugs) and associated mental and physical health problems. Another aim of this research was to address the promotion of health-enhancing behaviors among active-duty or recently separated (e.g., Iraq and Afghanistan) Service members, veterans, and their families.

This FOA could include, but was not limited to, research related to individuals who are serving or have served in Operation Enduring Freedom (Afghanistan-OEF), Operation Iraqi Freedom (Iraq-OIF), and/or Operation New Dawn (OND). In addition, research related to all phases of the military lifecycle (i.e., accession, readiness, mobilization, deployment, return from deployment, post-deployment, reconstitution, and separation) and all Components of the military (e.g., Army, Navy, Marines, Air Force, Coast Guard, U.S. Military Reserves, National Guard) and veterans was of interest.

The OASD(HA) DMRDP allotted \$6,993,749 of FY13 PH/TBI CSI appropriation to fund four applications.

JPC	Proposal Title	Organization	FY13 Funding	Status
5	Comparing Web, Group, and Telehealth Formats of a Military Parenting Program	University of Minnesota	\$2,239,333	New Start
5	Preventing Risky Drinking in Veterans Treated with Prescription Opioids	University of Pennsylvania	\$3,384,695	New Start
5	Diverting the Pathway to Substance Misuse by Improving Sleep	Howard University	\$693,629	New Start
5	Adapting a Training Program for Military-Focused Alcohol Establishments	University of Minnesota	\$676,092	New Start

3.2 Combat Casualty Care, JPC-6

3.2.1 Traumatic Brain Injury Research Award

The OASD(HA) DMRDP funded five FY13 PH/TBI Traumatic Brain Injury Research Award (TBIRA) applications.

- The FY13 PH/TBI TBIRA mechanism specifically addressed research areas including: Development of interventions or therapies to protect and/or restore neuronal function following TBI in the acute (first week), sub-acute (>1 week to 3 months), and chronic (≥ 3 months from time of injury) phases of care.
- Plasticity-driven solutions that demonstrate maintenance or improvement of function, as applicable, until such point that less or no further intervention is required. Such solutions should be non-invasive, as in not requiring implantation or other invasive procedures to execute.

The OASD(HA) DMRDP allotted \$9,503,150 of FY13 PH/TBI CSI appropriation to fund five awards.

JPC	Proposal Title	Organization	FY13 Funding	Status
6	Harnessing Neuroplasticity to Promote Rehabilitation: CL Therapy for TBI	University of Alabama	\$2,664,760	New Start
6	The Use of Proneurogenic Molecules to Promote Recovery of Function Following Acute and Chronic TBI	University of Miami	\$999,139	New Start
6	Removing Barriers to Full Recovery	McGill University Health Care Research Institute	\$991,494	New Start
6	rTMS: A Treatment to Restore Function After Severe TBI	VA Medical Center	\$2,993,848	New Start
6	Bright Light Therapy for Treatment of Sleep Problems Following Mild TBI	McLean Hospital	\$1,853,909	New Start

3.3 Clinical and Rehabilitative Medicine Joint Program Committee 8 (JPC-8)

3.3.1 Neurosensory Research Award PA: The OASD(HA) DMRDP allotted \$12,687,280 of FY13 PH/TBI CSI appropriation to fund seven FY13 PH/TBI applications for TBI-associated pain, hearing, and balance dysfunction.

JPC	Proposal Title	Organization	FY13 Funding	Status
8	Prevention of Noise Damage to Cochlear Synapses	University of Iowa	\$1,484,053	New Start
8	Development of a Device for Objective Assessment of Tinnitus in Humans	OtoScience Labs	\$1,392,512	New Start
8	Toward a Molecular Understanding of Noise-Induced Hearing Loss	University of Maryland, Baltimore	\$1,500,000	New Start
8	Regenerating the Blast- and Noise-Damaged Cochlea	Stanford University	\$1,499,240	New Start
8	Improving Balance in TBI Using a Low-Cost Customized Virtual Reality Rehabilitation Tool	Kessler Medical Rehabilitation Research & Education Corporation	\$2,987,537	New Start

JPC	Proposal Title	Organization	FY13 Funding	Status
8	Central Pain Mechanisms and Novel Therapeutic Strategies in a Model of Closed Head Injury	Jefferson Medical College	\$1,466,781	New Start
8	Targeting Epigenetic Mechanisms in Pain Due to Trauma and TBI	Stanford University	\$1,171,533	New Start
8	Modulation of Invading and Resident Inflammatory Cell Activation as a Novel Way to Mitigate Spinal Cord Injury-Associated Neuropathic Pain	Temple University	\$1,185,624	New Start

3.3.2 Vision Research Program Hypothesis Development Award and Translational Research Award PAs: The OASD(HA) DMRDP allotted \$6,500,462 of FY13 PH/TBI CSI appropriation to fund eleven applications focused on TBI-associated visual dysfunction.

JPC	Proposal Title	Organization	FY13 Funding	Status
8	Inflammation Modulatory Protein TSG-6 for Chemical Injuries to the Cornea	Central Texas Veterans Health Care System	\$274,787	New Start
8	Novel Strategies for Optic Neuroregeneration and Retinal Projection Reintegration After Ocular Trauma	University of Pittsburgh	\$999,995	New Start
8	Vision Restoration with Granulocyte Colony-Stimulating Factor Following Traumatic Injury	University of Louisville	\$1,000,000	New Start
8	Visual and Retinal Correlates of Traumatic Brain Injury (TBI): Biology and Behavior	Children's Hospital, Boston	\$1,000,000	New Start

JPC	Proposal Title	Organization	FY13 Funding	Status
8	Prevention and Treatment of TBI-Mediated Visual and Brain Damage Using a Novel Protective Compound	VA Medical Center, Iowa City	\$976,618	New Start
8	Targeting Dual Leucine Zipper Kinase as a Therapeutic Strategy for Traumatic Optic Neuropathy and Brain Injury	Johns Hopkins University	\$999,924	New Start
8	Mobile, Multimodal, Label-Free Imaging Probe Analysis of Choroidal Oximetry and Retinal Hypoxia	Methodist Hospital Research Institute, Houston, Texas	\$249,972	New Start
8	Smart, Injury-Triggered Therapy for Ocular Trauma	University of British Columbia	\$249,600	New Start
8	Mechanisms of Photophobia in Mild Traumatic Brain Injury in Human Subjects: Therapeutic Implications	Smith-Kettlewell Eye Research Institute	\$249,658	New Start
8	Frontoparietal Priority Maps as Biomarkers for mTBI	University of Minnesota Twin Cities	\$249,910	New Start
8	Elucidation of Inflammatory Processes Exacerbating Neuronal Cell Damage to the Retina and Brain Visual Centers as Quest for Therapeutic Drug Targets in Rat Model of Blast Overpressure Wave Exposure	Walter Reed Army Institute of Research	\$249,998	New Start

3.3.3 Neurosensory Research Award PA (Clinical Trials): The OASD(HA) DMRDP allotted \$5,362,674 of the FY13 PH/TBI appropriation to support three clinical trials. These clinical trials will address hearing, vestibular, and vision assistive and substitution devices.

JPC	Proposal Title	Organization	FY13 Funding	Status
8	Hearing Preservation Electrodes in Veterans and Military Service Members with Noise-Induced Hearing Loss	Iowa City VA Medical Research Foundation	\$1,998,324	New Start
8	Safety and Efficacy of the BrainPort V100 Device in Individuals Blinded by Traumatic Injury	Wicab, Inc	\$1,393,819	New Start
8	Treatment of Vestibular Dysfunction Using a Portable Stimulator	Veterans Biomedical Research Institute, Inc	\$1,983,088	New Start

4.0 COLLABORATIVE EFFORTS

On August 31, 2012, President Obama issued an EO directing the DoD, VA, HHS, and ED to develop the NRAP on PTSD, other mental health conditions, and TBI “to improve the coordination of agency research into these conditions and reduce the number of affected men and women through better prevention, diagnosis, and treatment.” Section 5 of the EO highlights how a limited understanding of underlying mechanisms of PTSD, the long-term consequences of TBI, and warning signs for tragic outcomes such as suicide is hampering progress in prevention, diagnosis, and treatment. Therefore, the NRAP includes research strategies to accelerate discovery of underlying mechanisms and rapidly translate this understanding into actionable tools for prevention, early diagnosis, and better treatment, which is what a great number of the FY13 PH/TBI CSI supported studies mentioned above are trying to achieve. In addition, the EO calls for the establishment of a comprehensive longitudinal study of 100,000 Service members focused on PTSD, TBI, and related injuries.

To attain these goals, the EO urged research agencies to improve data sharing and harness new tools and technologies. Importantly, the EO directs the NRAP to improve coordination among agencies and reduce the number of affected individuals. In the NRAP, the agencies outline coordinated research efforts to accelerate discovery of the causes and mechanisms underlying PTSD, TBI, and other co-occurring outcomes like suicide, depression, and substance abuse disorders. It describes research to rapidly translate what is learned into new effective prevention strategies and clinical innovations: biomarkers to detect disorders early and accurately; and efficacious and safe treatments to improve function and quality of life and to promote community participation and reintegration. In addition, the NRAP describes research to accelerate the implementation of proven means of preventing and treating these devastating conditions.

In addition to the research projects noted above, to address the guidance outlined in the NRAP, the VA and DoD also jointly funded the Consortium to Alleviate PTSD (CAP) and the Chronic Effects of Neurotrauma Consortium (CENC). The CAP seeks to improve the psychological and physical health and well-being of Service members and veterans who have deployed in support of Operations Enduring Freedom, Iraqi Freedom, and New Dawn by developing and evaluating the most effective diagnostic, prognostic, preventive, treatment, and rehabilitative strategies for combat-related PTSD and comorbid conditions. The CENC is dedicated to establishing a comprehensive understanding of the chronic sequelae associated with neurotrauma, primarily focused on mTBI. To do so, the objectives of the CENC are to (1) establish the association of the chronic effects of mTBI and common co-morbidities; (2) determine whether there is a causative effect of chronic mTBI on neurodegenerative disease and other co-morbidities; (3) identify diagnostic and prognostic indicators of degenerative disease and other co-morbidities associated with mTBI; and (4) develop and advance methods to treat and rehabilitate chronic neurodegenerative disease and co-morbid effects of mTBI.

In addition to the efforts identified under the NRAP, some specific examples of other ongoing collaborations include:

The NIMH has the lead for the National Action Alliance for Suicide Prevention portfolio analysis of US funding agencies and organizations. The DoD is participating and providing data for the analysis along with other Federal agencies and non-governmental organizations.

The Joint NIH DoD “Prevention and Health Promotion Interventions to Prevent Alcohol and Other Drug Abuse and Associated Physical and Psychological Health Problems in U.S. Military Personnel, Veterans and their Families” FOA resulted in the awarding of 11 funded studies (4 DoD, 7 NIH [3 NIDA, 2 NIAAA, 2 NCCAM]).

The DoD is working on conducting a pilot effort to determine the feasibility of using Federal RePORTER to share data with the public and across agencies on currently funded research studies.

The DoD, VA, and NIH are working on establishing a preliminary set of recommendations of high-quality measures for common data elements to be used in research.

The VA and DoD have an established Interagency Agreement to collaborate with the NHRC on the Millennium Cohort Study (MCS). The VA has partnered with the MCS and has 2 VA investigators onsite at the NHRC to work with the MCS team.