In this first edition of the Report for 2017, you will see the phrase above used throughout to describe Congressional reaction to the dramatic Fiscal Year (FY) 2017 and 2018 budget proposals released by President Trump. Not only do these propose to cut National Institutes of Health (NIH) funding—$1.2 billion in FY2017 and $5.8 billion in FY2018—but the latter also promises details by mid-May about proposed changes to NIH’s structure and research prioritization process.

The reality of these proposed changes was emphasized in a March 29 House Labor, Health and Human Services, and Education (DHHS) Appropriations Subcommittee hearing with Department of Health and Human Services (DHHS) Secretary Tom Price, M.D., a former House Member. Secretary Price confirmed that the Administration was still developing details about NIH changes to “focus on things that work and get rid of duplication and redundancy in research.” He added that one means to reduce NIH spending was to limit indirect costs in grants since they “are outside of the scope of the specific research.”

So, it is very clear that the research community, vision included, has significant challenges, and NAEVR is creating a Working Group to address these proposals—much like it did in the 2004-2006 timeframe when the House Energy and Commerce (E&C) Committee proposed to “cluster” the National Eye Institute’s (NEI) budget into a “Brain Institute,” potentially jeopardizing front-of-the-eye research. Through NAEVR Executive Director Jim Jorkasky’s leadership, that proposal was successfully defeated. But it took 24/7 advocacy with the authors and appropriators to educate about the potential detrimental effects of such an action.

Many Republican leaders have indicated that, although they will take the President’s proposals under advisement, they will continue to fund programs that deliver results. NIH is recognized as one of those programs and has significant bipartisan support. Both House and Senate LHHS Appropriations Chairs—Tom Cole (R-OK) and Roy Blunt (R-MO), respectively—have expressed their concern about the President’s proposals, proudly noting that they have been working to establish a pattern of $2 billion annual NIH increases to rebuild its base and maintain the momentum of research. Senate Health, Education, Labor & Pensions (HELP) Committee Chair Lamar Alexander (R-TN) has also expressed his concern, since his Committee and the House E&C Committee led the charge that resulted in Congress passing the 21st Century Cures Act last December with $4.8 billion in funding for the NIH Innovation Fund over ten fiscal years. Since that legislation also reauthorized the NIH for three years, those two authorizing Committees may not have the will for a concerted effort to significantly change NIH structure and processes at this time.

Fortunately, the vision community was on Capitol Hill early in the 115th Congress, First Session, with tangible information about the value of NIH/NEI funded research. During the February 17 ARVO Advocacy Day, researchers used ARVO-generated data on the value of Optical Coherence Tomography (OCT) for patients and the health care system. Congressional staff—including those of key appropriators and authors—thanked the advocates for offering up examples of NIH/NEI value rather than just requesting funding increases. I am especially pleased that, in managing the event for ARVO, NAEVR once again included a track of Emerging Vision Scientists who can most eloquently describe the impact of flat or reduced funding on their training and career paths.

NAEVR’s advocacy continues to be enhanced by AEVR education, including that for World Glaucoma Week and Defense Related Vision Research in first-quarter 2017. Regarding the latter, I want to acknowledge NAEVR/AEVR Board Member Joan Miller, M.D. (Harvard/Mass Eye & Ear), Steven Baskis (Specialist, U.S. Army, Retired), and NAEVR Executive Director James Jorkasky at the 6th Military Vision Symposium on Ocular & Vision Injury. Specialist Baskis, who was the keynote speaker, was blinded in 2008 while serving in Iraq. He has founded the Blind Endeavors Foundation to educate, conduct research, and foster awareness of what is possible—no matter the level of adversity faced.

Peter J. McDonnell, M.D.
NAEVR/AEVR Boards President
pmcdonn1@jhmi.edu

NAEVR/AEVR Board Member Joan Miller, M.D. (Harvard/Mass Eye & Ear), Steven Baskis (Specialist, U.S. Army, Retired), and NAEVR Executive Director James Jorkasky at the 6th Military Vision Symposium on Ocular & Vision Injury. Specialist Baskis, who was the keynote speaker, was blinded in 2008 while serving in Iraq. He has founded the Blind Endeavors Foundation to educate, conduct research, and foster awareness of what is possible—no matter the level of adversity faced.

NAEVR/AEVR at the 2017 ARVO Annual Meeting
Sunday, May 7 – Wednesday, May 10

NAEVR Central
9:00 am - 4:00 pm Daily
Baltimore Convention Center

Sunday, May 7
ARVO’s Eye and Vision Trauma Session
8:30 am – 10:30 pm, Room 316
Baltimore Convention Center

Monday, May 8
NAEVR’s Defense-Related Vision Research Opportunities Session
7:30 am – 8:30 am, Room 328
Baltimore Convention Center
FY2017: Will Congress Pass an Omnibus Spending Bill?

As of early April, Congress had yet to take action to finalize FY2017 appropriations. With an April 28 expiration date for the current CR funding the government, Congress is expected to take action the week of April 24 upon its return from Easter recess. Although appropriations leaders want a “regular order” omnibus spending bill instead of a full-year CR, Congress will likely need to pass a short-term CR to accomplish this.

Finalizing FY2017 is complicated by the Trump Administration’s proposal to cut $18 billion in NonDefense Discretionary spending in FY2017 to offset the Administration’s defense/border security supplemental. This proposal’s options contain a $1.232 billion cut to NIH, including $50 million achieved by eliminating spending on new Institutional Development Award (IdEA) program grants and $1.182 billion in reduced research grants. As with the President’s FY2018 Budget Blueprint (see right), several Congressional leaders have echoed that “The President proposes, the Congress disposes,” meaning that Congress will have the final say and that it is too late to effect change.

As with the recent failed Affordable Care Act repeal effort, the conservative House Freedom Caucus could hold firm on demanding further cuts in spending, and the President could veto an omnibus bill unless Congress overrides it. Stay tuned...

House and Senate Appropriators Hold Hearings

Senate: Researchers Testify about Value of NIH

On March 8, the Senate LHHS Appropriations Subcommittee held a hearing entitled Saving Lives Through Medical Research that featured NIH-funded researchers in the areas of cancer, Alzheimer’s, and infectious diseases, as well as an emerging researcher funded through the IdEA Program. In his opening statement, Chairman Roy Blunt (R-MO) recognized the power of biomedical research to increase life expectancy, improve quality of life, and lower health care costs and emphasized that consistent and sustained increases are necessary, especially for young researchers. In that regard, he said:

“In the next few years, as we continue to confront difficult spending choices, we must continue to firmly establish our federal commitment to the NIH. We must remain focused on establishing a pattern of responsible investment through the appropriations process. We do not know the scientific advances that will be made in the next ten years, but we do know that if we keep investing in NIH, they will keep making life-saving breakthroughs.”

With respect to FY2018, he commented that he could not see how the proposed $54 billion increase in defense spending (reported at that time) to be included in the President’s Budget Blueprint Framework could not affect NIH, since its funding accounts for 20 percent of the LHHS bill.

House: Members Express NIH Funding Concerns to Secretary Price

On March 29, the House LHHS Appropriations Subcommittee held a hearing with DHHS Secretary Tom Price, M.D., a former House Member from Georgia, regarding the FY2018 Budget Blueprint. Member questions focused primarily on the Affordable Care Act and NIH.

In his opening statement, Chairman Tom Cole (R-OH) emphasized his joint efforts with Senate LHHS Chairman Blunt in getting NIH funding “back on track” with the $2 billion FY2016 increase and Senate-proposed $2 billion FY2017 increase. He expressed concern about the impact of the President’s proposed cuts on the NIH and the Centers for Disease Control and Prevention (CDC), noting that it would leave the nation less secure. “NIH and CDC are every bit as important as defense, as it is just as easy to die from a bioterrorism attack or a pandemic, such as Zika or Ebola,” he said.

When asked whether the emphasis of any changes to the NIH would be on structure or funding priorities, Secretary Price said it was a combination of both, with details still being worked out. He focused most of his comments on indirect costs in NIH awards, which he stated account for up to 30 percent of the total cost of grants, or $6.6 billion in FY2016. “We need to focus on things that work and get rid of duplication and redundancy in research,” he said.

Although Chairman Cole has indicated that he will hold a hearing with NIH Director Francis Collins, M.D., Ph.D. in May, the Subcommittee has already held a March 21 Public Citizen Witness hearing. NAEVR submitted written testimony to the hearing file.

Visit the NIH/NEI funding section of NAEVR’s Web site at www.eyeresearch.org for full details
ARVO Advocates Urge NIH/NEI Funding Increases, Cite Return on Past Investment in OCT

On February 17, NAEVR managed for ARVO’s Annual Meeting Planning Committee (AMPC) an Advocacy Day that engaged 21 domestic and international advocates who visited 36 Congressional offices, including several of appropriators and authorizers. The group included six Emerging Vision Scientists (EVSs)—clinicians, clinician-scientists, and basic researchers dealing with a wide range of eye diseases who have not yet received an R01 grant—who discussed the impact that past funding cuts, flat funding, and lack of inflationary increases at the NEI have had on their training and career paths. The six international advocates described the important global role that NEI serves with respect to training and research collaborations.

The advocates requested $2 billion increases to NIH base funding in each FY2017 and 2018—in addition to the supplemental funding for specific projects in the 21st Century Cures Act passed by Congress last December. In requesting that Congress finalize FY2017 appropriations and not pass a full-year Continuing Resolution (CR), they emphasized the detrimental effects of long-term CRs/delayed appropriations, which essentially reflect a cut due to biomedical inflation and often require researchers to seek bridge or philanthropic funding while awaiting federal funding.

They demonstrated the value of past NIH/NEI investment with data from ARVO’s “Revealing the back of the eye with optical coherence tomography (OCT)” campaign. Focusing on information valued by policymakers, the data highlighted the more than 16,000 jobs supported by the technology and government spending avoided by using OCT to manage the prescription drug regimens for such retinal diseases as Age-related Macular Degeneration (AMD). Congressional staff reacted enthusiastically to receiving these new data on the tangible value of past investments.

Reflecting on the day, NAEVR Executive Director James Jorkasky stated, “I am pleased that the ARVO members were among the first of many advocates to visit Capitol Hill during the FY2018 appropriations cycle. This year’s participants did an outstanding job in justifying the requested NIH/NEI funding increases with the ARVO-generated OCT materials, which impressed many offices—not only of reliable NIH champions, but also those who have questioned the value of past NIH investment. We were fortunate to meet with the personal and Committee staff of so many key Republican leaders who have expressed support for a pattern of robust, sustained, and predictable NIH funding increases.”

In the office of Senator Roy Blunt (R-MO), who chairs the Senate Labor, Health and Human Services, and Education (LHHS) Appropriations Subcommittee. From left: Dr. Ferguson, Laura Friedel, LHHS Appropriations Subcommittee Clerk, Desiree Mowry (Blunt personal staff), Dr. Keay, and Dr. Rajagopal

In the office of Senator Lamar Alexander (R-TN), who chairs the Senate Health, Education, Labor and Pensions (HELP) Committee with authorizing jurisdiction over NIH, from left: Mackensie Burt (personal staff) and Lucas Da Pieve (Committee staff) with Milam Brantley, M.D., Ph.D. (Vanderbilt University), rear, and Antonio Longo, M.D., Ph.D. (University of Catania/Italy), front

Andrew Vogt (second left) from the Senate HELP Committee staff met with EVSS Heather Livengood, Ph.D. (New York University), Oscar Carrasco-Zevallos, B.S. (Duke University), and Brian Song, M.D. (Harvard/Mass Eye & Ear)

Peter Koulou, Ph.D. (University of Missouri), center, and Vivian Choh, Ph.D. (University of Waterloo), right, with Victoria Lee in the office of Senator Jerry Moran (R-KS) who serves on the Senate LHHS Appropriations Subcommittee

Eric Buckland, Ph.D., right, with Meghan Stringer, office of Cong. Virginia Fox (R-NC). Dr. Buckland is the CEO of Bioptigen, which develops OCT systems.
EDUCATION

World Glaucoma Week 2017

AEVR Briefing Focuses on Translating Glaucoma Therapy from Bench to Bedside

On March 9, AEVR held its World Glaucoma Week 2017 Congressional Briefing, co-hosted by all major glaucoma societies and research organizations (see box below). Entitled Translating Glaucoma Therapy from Bench to Bedside, the event featured NEI-funded clinician-scientist Malik Y. Kahook, M.D., who serves as the Slater Family Endowed Chair in Ophthalmology at the University of Colorado Anschutz Medical Campus in Denver. He also serves as the Vice Chair of Clinical and Translational Research and Chief of the Glaucoma Service and Co-Director of Glaucoma Fellowship in the Department of Ophthalmology. He specializes in the medical and surgical treatment of glaucoma and cataracts, and his research focuses on multiple unmet needs including advanced cataract surgery devices and implants, novel glaucoma therapies, treatment of macular degeneration, and advanced imaging techniques.

Glaucoma, the second leading cause of blindness that affects more than 60 million individuals worldwide, is a neurological disease affecting the optic nerve and causing loss of peripheral vision—and ultimately blindness. It affects more than 2.7 million Americans over age 40, with that number estimated to more than double by year 2050. It includes both diagnosed and undiagnosed cases, as often individuals are unaware they have the disease until vision is lost. It is a driving factor—along with cataract vision—and ultimately blindness. It affects more than 60—especially Mexican Americans, and those with a family history of the disease. Elevated intraocular pressure (IOP) is a significant risk factor for developing glaucoma. Although not all forms of glaucoma have “high” IOP, its reduction is the basis for all treatments. In its most common form—primary open angle glaucoma (POAG)—nerve damage results from high IOP, which occurs when the fluid that circulates in and out of the front part of the eye drains too slowly. NEI-funded research has resulted in pressure-reducing drug regimens, and NEI’s Ocular Hypertension Treatment Study (OHTS) found that pressure-reducing eye drops delayed disease onset. In addition to drug regimens, glaucoma is also treated through conventional surgery—which makes a new opening for fluid to leave the eye—and trabeculoplasty, where laser therapy results in enhanced flow of fluid out of the eye.

Since the average glaucoma patient is treated for 14 years with an IOP-reducing drug regimen, their adherence is important in disease management. Yet, studies have found a non-adherence rate of from 50 to 75 percent, often due to a variety of factors including physical limitations of age, forgetfulness, frequency of dosing and number of medications, side-effects, and cost. Although researchers have developed adherence aids—such as uniform cap colors for glaucoma therapies, simplifying drug regimens, and developing dosing reminders and positioning devices—these have not been widely adopted, primarily since human factors have not been adequately addressed.

Dr. Kahook discussed a new concept called “Guided Administration of Pharmaceuticals” or “GAP” Therapy in which breakthroughs are developed that have the following characteristics: patient independent, physician-administered and monitored, safety profile equal to or better than previous therapies, long duration or efficacy, repeatable for lifetime of the patient, and 100 percent adherence. He described four types of GAP Therapy breakthroughs, including: punctal plugs, in which devices are placed in the tear drainage ducts to slowly deliver drugs to the tear film; sub-conjunctival depots that provide long-term delivery of drugs to the eye; ocular surface inserts that are minimally invasive and provide significant flexibility to deliver multiple drugs for glaucoma treatment; and intra-ocular injections that represent an invasive method for delivering biodegradable drug-eluting pellets that deliver therapy over months to decrease IOP. He described the pros and cons of each, especially with respect to their lifetime efficacy in comparison to a traditional glaucoma drug regimen. He also discussed new developments in minimally invasive drug delivery, including a long-term active drug depot punctal plug, developed in his laboratory at the University of Colorado, which addresses many of the shortcomings that lead to poor adherence.

Dr. Kahook emphasized that, although topical glaucoma drug therapies will remain primary despite adherence concerns, alternative approaches will become common—overcoming the hurdles to adoption— and that the pace of innovation suggests that drops may not be the primary method of treatment in a decade. He concluded by observing that enhancing glaucoma care and finding treatments will require extensive basic research, and that breakthroughs are not singular events but the result of decades of research. Curing glaucoma will require federal funding for that research and to keep the talent pool—especially emerging vision scientists—engaged. And, most importantly, we should remember that this work requires the active engagement of patients.

NAEV R Position Remains Firm on $2 Billion NIH Increases

Irrespective of the President’s FY2017 and FY2018 budget proposals, NAEVR’s funding positions have not waivered, urging Congress to:

• Support the $2 billion FY2017 NIH funding increase to $3.41 billion, as proposed by the Senate Appropriations Committee, and a $2 billion FY2018 increase over FY2017 funding. These increases to the NIH base would be in addition to the supplemental funding for specific projects in the 21st Century Cures Act, reflecting real growth above biomedical inflation.

• Support FY2018 NEI funding at $800 million, building upon the Senate-proposed FY2017 NEI funding level of $741 million.

About World Glaucoma Week 2017...

The first World Glaucoma Day was held on March 6, 2008, and the United States House of Representatives passed H.R. 981, which recognized the event and supported the NEI’s efforts to research the causes of and treatments for glaucoma. Since 2010, the day has expanded into a week of educational events held worldwide, with all major glaucoma professional societies and research organizations co-sponsoring AEVR’s 2017 event, including:

• Research to Prevent Blindness (RPB)
• American Glaucoma Society (AGS)
• ARVO
• Glaucoma Research Foundation (GRF)
• Optometric Glaucoma Society (OGS)
transplant surgeries restore sight and greatly improve the quality of life for patients, they also confer significant economic benefits. A report commissioned by the EBAA estimates the lifetime economic benefits in the U.S. at nearly $6 billion. Approximately 50,000 corneal transplants are performed annually in the U.S. Of these, a substantial percentage fail due to poor tissue quality and approximately 10 percent are repeat surgeries for transplant failure. Currently, there are no measures that can indicate the health of cornea transplant tissue before surgery. To improve outcomes for both military and civilian patients, Dr. Greiner’s research focuses on identifying individuals at the greatest risk for developing complications and poor outcomes after transplantation, and improving the quality of transplant tissue.

Although cornea transplants have been performed since 1905, until approximately 18 years ago the only type of transplantation technique performed was a full-tissue replacement of the cornea, which consists of five layers. More recently, two partial-tissue procedures have been developed—Descemet Stripping Automated Endothelial Keratoplasty (DSAEK) and Descemet Membrane Endothelial Keratoplasty (DMEK). These procedures have a lower rate of complications and recovery time, but also require highly specialized tissue.

Dr. Greiner concluded by discussing the future of cornea transplants. He emphasized that diabetes could become a major factor in predicting the success or failure of transplants. Diabetes could become a major factor in predicting the success or failure of transplants. Diabetes could become a major factor in predicting the success or failure of transplants.

Keratoplasty (DMEK)—which only replace the endothelium, the inner portion of the cornea, leaving the recipient’s remaining corneal tissue in place. Dr. Greiner has applied a new technology called extracellular flux analysis to the study of corneal endothelial cell function, which can give some indication of how a transplant will perform by measuring mitochondrial respiration and the capacity for a cell to use oxygen to create energy. Essentially, the device can function as a stress test to gauge how well the transplant may perform after surgery.

Noting other challenges to successful transplants, Dr. Greiner reported that diabetes can have a significant impact, although the exact reason for this is not yet known. Evidence indicates that diabetes increases cell loss in the endothelium after routine eye surgery, including cataract surgery. A donor history of diabetes also impacts the ability to prepare cornea transplant tissue. Additionally, for cornea transplant recipients with diabetes, the risk of transplant failure more than doubles from 2.4 percent to 5.7 percent. Diabetes could become a major factor in predicting the success or failure of transplants, as the incidence of diabetes in this country, currently at 9.3 percent of the population, is expected to rise to 33 percent by the year 2050.

Dr. Greiner concluded by discussing the future of cornea transplants and possible ways to improve outcomes after surgery. One goal would be the discovery of a biomarker that would identify which tissues are ideal for transplants and which would likely fail, preventing the transplantation of unsuitable tissues. This could lead to the development of drugs that could stabilize corneal cells, making them more suitable for transplantation or less prone to damage during eye surgery. Another possible development would be the use of autologous corneal tissues—using a patient’s own cells to grow new corneal tissue. He emphasized that federal funding is vital to support these research efforts, building on past federal support that has already resulted in significant advances in treatment options for patients.
DEFENSE-RELATED VISION FUNDING

Vision Research Program Funding

Since it was created by Congress in FY2009 in Defense appropriations through NAEVR advocacy, the DOD's Peer Reviewed Vision Research Program (VRP) within the Congressionally-directed Medical Research Program (CDMRP) has supported 79 grants totaling $68.4 million (including FY2015/2016 awards).

FY2017: Program Announcement Awaiting Congressional Action

As with FY2017 NIH/NEI funding, FY2017 DOD funding has not been finalized. On February 2, the Defense Health Research Consortium (DHRC), to which NAEVR belongs, sent a letter to Congressional leaders in the House and Senate urging that Congress finalize FY2017 DOD appropriations with proposed funding for DOD Defense Health Programs, including the VRP. The letter, citing the negative impact on soldiers and veterans from the delay, was signed by more than 60 groups. On March 8, the House passed its bill, while the Senate has not yet acted. The House bill includes $15 million for the VRP—$5 million greater than in FY2016, and the first time at that increased level after it had been funded at $10 million in each FY2013-2016.

Although an FY2017 VRP Program Announcement cannot be released until appropriations are finalized, on March 3 the CDMRP released a Pre-Announcement which details the funding mechanisms and grant funding limits that the VRP expects to include in the Program Announcement. For FY2017, the VRP expects to again fund Clinical Trial Awards, with a maximum funding of $5.25 million per award, and Technology and Therapeutic Development Awards, with a maximum funding of $2.1 million per award. The Clinical Trials funding maximum is higher than the previous year due to feedback that the previous maximum was too low to properly conduct a clinical trial.

CDMRP Vision Program Manager Robert Read will speak at NAEVR’s May 8 Defense Vision Funding Opportunities session at the ARVO Annual Meeting in Baltimore (see front page box).

FY2018: NAEVR Requests FY2018 VRP Funding at $15 M

Even without final FY2017 appropriations, NAEVR has been advocating on Capitol Hill for FY2018 VRP funding at $15 million, coordinating its advocacy efforts with BVA, the American Academy of Ophthalmology, and the American Optometric Association. NAEVR has filed Programmatic Requests with Congressional offices that have served as “champions” in previous years. NAEVR and its allies have also taken additional steps, including:

- NAEVR Sponsoring VSO/MSO Independent Budget
  - On February 6, a coalition of Veterans Service Organizations and Military Service Organizations (VSOs/MSOs) released the Independent Budget (IB), a set of recommendations regarding a full range of issues faced by military veterans. As in past years, NAEVR, an IB co-sponsor, worked with BVA to ensure that the recommendations included FY2018 VRP funding at $15 M. The report cites NAEVR’s 2012 Cost of Military Eye Injury and Blindness study to support the request.

- BVA Sends VRP Funding Letter to Congress, Testifies
  - On March 7, BVA sent a letter to the House and Senate Appropriations Committees leaders requesting FY2018 VRP funding at $15 million. The letter was co-signed by nine VSOs/MSOs, including Paralyzed Veterans of America, Military Order of the Purple Heart USA, Inc., Disabled American Veterans, Jewish War Veterans of the USA, Iraq & Afghanistan Veterans of America, the Veterans Health Council, the American Council of the Blind, Vietnam Veterans of America, and the Military Officers Association of America. On March 22, BVA National President Dale Stamper testified before a joint hearing of the House and Senate Veterans Affairs Committees.

- NAEVR Co-Authors Optometry and Vision Science Article on Military Eye Trauma
  - The January 2017 edition of Optometry and Vision Science featured a guest editorial co-written by NAEVR's James Jorkasky and Greg Goodrich, Ph.D., formerly with the Palo Alto Veterans VA System and currently a guest editor for the Journal. Entitled Expanding Advocacy for Head Trauma Vision Research Funding, the article describes how the increased awareness of the similarities between trauma that results from military service and the range of TBI-related symptoms suffered by athletes can enhance advocacy efforts.

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

6th Military Vision Symposium on Ocular & Vision Injury

NAEVR was pleased to participate in and speak at this event, held in Boston on March 30-31 and sponsored by the Schepens Eye Research Institute of Massachusetts Eye and Ear, the joint DOD/VA Vision Center of Excellence, and the U.S. Army Medical Research & Materiel Command, in which the CDMRP is located. The symposium brings together military leaders, clinicians, and scientists with the goal of propelling innovative research that will lead to improved treatment and prevention strategies for combat-related eye injuries. Several of the research speakers and attendees have spoken in past AERV Defense Related Vision Research Congressional Briefings that support NAEVR’s advocacy request.

Glen Cockerham, M.D., National Program Director for the VA Ophthalmology Service and Associate Clinical Professor of Ophthalmology and Pathology, Stanford University Medical Center

Ray Santullo, O.D.,(Colonel, U.S. Army, Retired) with Vision Research Program Manager Robert Read. Dr. Santullo will assume responsibility for VRP management when Mr. Read retires in September.