



DEPARTMENT OF THE NAVY
OFFICE OF THE SECRETARY
1000 NAVY PENTAGON
WASHINGTON, D.C. 20350-1000

17 Apr 2009

From: Secretary of the Navy's Retiree Council
To: Secretary of the Navy

Subj: 2009 REPORT OF THE SECRETARY OF THE NAVY'S RETIREE COUNCIL

Ref: (a) SECNAVINST 5420.169H
(b) ASN(M&RA)(A) ltr of 24 February 2009

Encl: (1) Secretary of the Navy's Retiree Council recommendations 09
(2) Additional comments regarding SECNAV Retiree Council 09 recommendations

1. The Secretary of the Navy's Retiree Council met at the Washington Navy Yard 13-17 April 2009 pursuant to references (a) and (b).

2. The Council extends thanks to the Acting Secretary of the Navy and the Secretary's staff for the superb support provided to the Council for the 2009 meeting, however the Council is disappointed that its April 2008 report was not endorsed until April 2009. The Council urges that the SECNAV review and endorse the Council's recommendations within 15 working days, highlighting those issues which require priority action to the CMC and CNO for their review, comment and action by 1 October 2009.

3. Below are the Council's 2009 comments and recommendations:

01-09 Establishment of paid Retired Activities Office Program Coordinators (RAOPC)

Recommendations: That the Secretary of the Navy continue to support the paid RAOPC concept.

02-09 Sustain and Improve TRICARE benefits for all beneficiaries

Recommendation: That the Secretary of Defense oppose health care cost shifting (enrollment fees, deductibles and co-pays) to all TRICARE beneficiary groups.

Recommendation: Maintain or increase TRICARE provider reimbursement rates to encourage providers to remain a participating provider and give incentive for new providers to join the network.

03-09 Disability Eligibility Determination for Navy and Marine Corps members with Residual Blast Effects from Traumatic Brain Injury (TBI) and Blast Injuries

Recommendation: 1. Ensure that Navy and Marine Corps members being separated or retired be informed, during their processing in the Disability Evaluation System (DES), to include the Benefits Delivery at Discharge (BDD) program and the Department of Veterans Affairs (VA) Quick Start Pre-Discharge Program, of the assistance that can be provided by Veteran Service Organization's (VSO's), and State and County Veteran Service Officers, in the preparation and submission of VA Form 21-526 (Veteran Application for Compensation and/or Pension). 2. Recommend that DoD in a partnership with the Department of Veterans Affairs develop a consistent evaluation system to identify, record, assess and track the residual effects of blast injuries incurred by veterans of the Global War on Terrorism.

04-09 Eliminate Financial Penalties for Military-Caused Disabilities and Deaths

Recommendation: SECNAV support the 2007 Veterans' Disability Benefits Commission (VDBC) recommendation to eliminate the current unfair laws that make disabled military retirees and survivors forfeit part or all of their service earned military compensation when military service caused the service member's disability or death.

05-09 Final Retired Pay Check

Recommendation: That the Secretary of the Navy recommends that the Secretary of Defense and other Service Secretaries support legislation to provide forgiveness of certain overpayments of retired pay paid to deceased retired members of the Armed Forces.

06-09 Department of the Navy (DON) Volunteer Program

Recommendation: That the Secretary of the Navy, encourage CNO/CMC to better utilize military retiree volunteers to support DON objectives for FY 2009 and beyond.

07-09 Pre-tax health insurance premiums

Recommendation: That the Secretary of the Navy recommends that the Secretary of Defense and other Service Secretaries support legislation to amend the Internal Revenue Code (IRS) allowing retired military members and federal civilian annuitants to pay their health insurance premiums on a pre-tax basis.

08-09 Expand collaboration and marketing efforts between VA and DOD

Recommendation: That the Secretary of Defense adopt the Veterans Affairs (VA) Computerized Patient Record System (CPRS) for Department of Defense (DOD).

Recommendation: Increase use of Memorandum of Understanding (MOUs) to expand availability of TRICARE services for retirees and their dependents, where there are VA Medical Centers and/or Community Based Outpatient Clinics (CBOCs) that are easily accessible. Review and expand marketing efforts to increase knowledge of VA/DOD health care services for retirees and their families.

Subj: 2009 REPORT OF THE SECRETARY OF THE NAVY'S RETIREE COUNCIL


09-09 Pilot Program for Increased APO/FPO Weight Limit

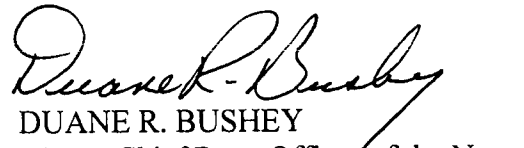
Recommendation: That the Secretary of the Navy concur with a test program, under which military retirees of all services who are supported by APOs in Germany, be allowed to receive and send parcels weighing up to 5 pounds.

10-09 Change SECNAVINST 5430.7P to include retirees as a responsibility for ASN (M&RA)

Recommendation: That the Secretary of the Navy change the subject instruction to add the words "military retiree" in the responsibilities for ASN (M&RA).

4. This Council reviewed recommendations made by the 2008 Council and is pleased to see progress made on many of our recommendations, but is concerned about the lack of progress made on several important issues. Deferred and open items from that report are considered current and should continue to be pursued. In some cases, there are closed items which the Council believes are worthy of reconsideration due to on-going studies, changing circumstances, and/or potential legislation. Comments on these items are included in Enclosure (2)


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SECNAV Retiree Website

Item No: 01-09

Subject: ESTABLISHMENT OF PAID RETIRED ACTIVITIES OFFICE PROGRAM COORDINATORS (RAOPC).

DISCUSSION:

Secretary of the Navy Instruction 5420.169J, Department of the Navy Retired Activities Program, provides for the Retired Activities Office (RAO) organization, structure, mission, and support requirements. Support for the RAO Program, as envisioned by our predecessors, is shrinking and our retiree communities are being deprived of a necessary service. RAOs should be staffed by paid Retired Activities Office Program Coordinators (RAOPC) with the primary responsibility of:

1. Providing assistance and support to the retirees, their spouses, family members, and survivors.
2. Assisting sailors and their families in transitioning to retirement and keeping them updated on their rights, benefits, entitlements and privileges after retirement.
3. Being a primary counselor for retirement planning to include Survivor Benefit Program (SBP).
4. Ensuring a wide dissemination of information and policies concerning the retired Navy and Marine Corps communities.
5. Conducting annual Retiree Seminars designed to provided benefit and entitlement information.
6. Bear primary responsibility for recruiting, organizing and training retiree volunteers.

Navy volunteer RAOs have decreased over the past years. Additionally, support for the RAOs at some bases and installations has also decreased. Presently, the Navy has only one full-time paid position in a high retiree concentration area (San Diego). This individual has proven to be a valuable tool for the local commander and a resource for the retiree community. However, this one person is not sufficient to cover all major Naval regions and Marine Corps installations.

At a time when the numbers of retired personnel with complex issues has dramatically increased, paid RAOPC positions should be established for Navy and Marine Corps installations to provide this service with sustained continuity throughout the Naval Retiree Community. RAOPC's will provide crucial service and assistance to retirees, their family members, and survivors directly and/or guide them to organizations to ensure they receive services and benefits to which they are entitled. RAOPC's, at a minimum, should be established at major Navy/Marine Corps installations. Command support for the RAOPC is an essential component to the program.

SECNAVINST 5420.169J provides for RAO's "as a link between local retirees and the military community, as well as other governmental agencies that provide assistance to retirees".

Item No: 01-09

RECOMMENDATION:

That the Secretary of the Navy continue to support the paid RAOPC concept and continue to seek ways to fund the positions of paid RAOPCs to service the Navy community of approximately 500,000 retirees. The Army has paid Retirement Service Officers. The Marine Corps, recognizing the value of a paid RAO Program, is currently establishing 16 paid positions. The Navy has not stepped up to this requirement.

Council Point of Contact: SgtMaj Cline, Volunteer Services

Item No: 02-09

Subject: SUSTAIN AND IMPROVE TRICARE BENEFITS FOR ALL BENEFICIARIES

DISCUSSION:

We recognize that health care costs are escalating throughout the nation and that TRICARE needs to maintain a high standard of delivering quality medical services. However, military retirees pay huge “up front” health premiums through 20-30 years of service and sacrifice. Proposed increases would far outstrip annual retired pay increases and greatly erode retired compensation value. While fee increases and higher pharmacy co-pays may result in short-term savings, they could actually increase health costs by deferring patients’ use of medications and needed health care. We are opposed to any percentage increase in military beneficiaries' health care fees. We recommend current benefits be maintained for all beneficiary groups.

By January 2010, under current law, Medicare and TRICARE payments will be reduced by more than 20%. To avoid this potentially devastating impact, we recommend maintaining or increasing the current reimbursement rate paid by TRICARE to providers. This will help keep the network providers in the system, maintain continuity of care, and potentially lead to an increase in the number of providers in the TRICARE network.

RECOMMENDATION:

That the Secretary of Defense oppose health care cost shifting (enrollment fees, deductibles and co-pays) to all TRICARE beneficiary groups.

Maintain or increase TRICARE provider reimbursement rates to encourage providers to remain a participating provider and give incentive for new providers to join the network.

Council Point of Contact: CAPT Nancy Swanson, Medical Chairperson

Item No: 03-09

Subject: DISABILITY ELIGIBILITY DETERMINATION FOR NAVY AND MARINE CORPS MEMBERS WITH RESIDUAL BLAST EFFECTS FROM TRAUMATIC BRAIN INJURY (TBI) AND BLAST INJURIES

DISCUSSION:

1. Veteran Service Organizations (VSO's), and State and County Veteran Service Officers, are trained and experienced in the VA process critical to accurately completing the required documents for pre-determination, determination and any subsequent appeals of claims submitted. These same officials and organizations will be available to the service members or retirees throughout the process.
2. Critical to a determination of service connection for an incidence of disease or injury is an official record validating its occurrence. A member's military health record or other official documents created at or near the time of these incidents will facilitate a timely and complete processing of claims and preclude protracted searches for confirming evidence. Additionally, these early records will facilitate and enable early determinations associated with the continuum of health care for members and retirees.

RECOMMENDATION:

1. That wounded Navy and Marine Corps members, being separated or retired, be informed, during their processing in the Disability Evaluation System (DES), about the Benefits Delivery at Discharge (BDD) program and the Department of Veterans Affairs (VA) Quick Start Pre-Discharge Program, of the assistance that can be provided by Veteran Service Organization's, and State and County Veteran Service Officers, in the preparation and submission of VA Form 21-526 (Veteran Application for Compensation and/or Pension).
2. That DoD, in a partnership with the Department of Veterans Affairs, develop a consistent evaluation system to identify, record, assess and maintain data on the residual effects of blast injuries incurred by veterans of the Global War on Terrorism.

Council Point of Contact: COL Ken Jordan, Compensation Chairperson

Item No: 04-09

Subject: ELIMINATE FINANCIAL PENALTIES FOR MILITARY-CAUSED DISABILITIES AND DEATHS

DISCUSSION:

"Disabled Veterans Tax" (Concurrent Receipt)

The VDBC's October 2007 report agreed with the long-standing position of military and veterans associations that military retired pay is earned independently by arduous service and should not have to be forfeited because the member also suffers the misfortune of incurring a service-caused disability. The VDBC also recommended strongly against any separate treatment of combat vs. non-combat caused conditions, since the disability's effect on the service member's quality of life and future earning power is the same, whether it was caused by a bullet or an office accident.

"Military Widows Tax" (SBP-DIC Offset)

Current law requires the surviving spouse of an active-duty or retired member who dies of a service-connected cause give up \$1 of military Survivor Benefit Plan (SBP) annuity for each \$1 received in VA Dependency and Indemnity Compensation (DIC). (DIC= \$1,154 monthly, paid only for deaths caused by service). The offset wipes out most or all of the SBP check for the vast majority of survivors.

Congress has helped a small minority of survivors by raising the maximum (service member-paid) life insurance and lump-sum death gratuity for deaths after Oct 7, 2001 and authorizing a modest \$50 monthly rebate to selected SBP-DIC widows (effective Oct 1, 2008). But lump-sum changes do not help the 95% of survivors whose spouse died of service-caused conditions before 2001. The widows now forced to forfeit \$1,154 a month view the tiny \$50 rebate is inconsistent with the service member's sacrifice.

The VDBC report agreed with military and veterans organizations that, when military service causes the member's death, the extra indemnity compensation from the VA should be paid "in addition to" SBP coverage, not subtracted from it. In that regard; and in the spirit of fairness, DIC is not deducted from federal survivor annuities for military veterans in civil service jobs.

RECOMMENDATION:

SECNAV support the 2007 Veterans' Disability Benefits Commission (VDBC) recommendation to eliminate the current unfair laws that make disabled military retirees and survivors forfeit part or all of their service earned military compensation when military service caused the service member's disability or death.

Council Point of Contact: COL Ken Jordan, Compensation Chairperson

Item No: 05-09

Subject: FINAL RETIRED PAY CHECK

DISCUSSION:

Under current law, DFAS recoups from the military widows' bank accounts all retired pay for the month in which a retiree dies. Subsequently, DFAS pays the survivor a pro-rated amount for the number of days of that month in which the retiree was alive. This often creates hardships for survivors who have already spent that pay on rent, food, etc., and who routinely are required to wait several months for DFAS to start paying SBP benefits. This is an extremely insensitive policy imposed by the government at the most traumatic time for a deceased members' next of kin. Unlike his or her active duty counterpart, a retiree's survivor receives no death gratuity. Many older retirees do not have adequate insurance to provide even a moderate financial cushion for surviving spouses.

The United States should waive any overpayment of retired or retainer pay arising from payment of such retired or retainer pay for any period after the date of death of the recipient through the last day of the month in which such death occurs.

A legislative change to the United States Code is required. H.R. 613 will provide for forgiveness of certain overpayments of retired pay to deceased retired members of the Armed Forces following their death.

RECOMMENDATION:

That the Secretary of the Navy recommends that the Secretary of Defense and other Service Secretaries support legislation to provide forgiveness of certain overpayments of retired pay paid to deceased retired members of the Armed Forces.

Council Point of Contact: COL Ken Jordan, Compensation Chairperson

Item No: 06-09

Subject: DEPARTMENT OF THE NAVY (DON) VOLUNTEER PROGRAM

DISCUSSION:

The DON has a continuum of service (active duty, reserve, civilian and military retirees). Presently, the retiree resource is not being fully utilized. DOD Directive 1404.10 dtd 23 Jan 2009 defines 'Total Force' as active duty and reserve personnel, civilian employees and military retirees. For some reason, unknown to the SECNAV Retiree Council, the military retiree component has been removed from SECNAV/OPNAV directives as a viable source of support to meet the mission of DON. Military retiree volunteers presently support such activities as the Retired Activities Program, Safe Harbor/Wounded Warrior Programs and other Quality Of Life efforts. This Council believes the scope of military retiree support to operational Commanders could also be expanded. Specifically, an increased use of military retirees would help augment the coverage of programs for wounded and injured sailors and Marines as well as providing Burial Honors for service members to match the goals of the Senior Oversight Committee. Additionally, increased use of military retiree volunteers will add a capability that could significantly enhance the probability of successful mission accomplishment. The Council strongly feels that SECNAV direction should be extended to operational support of Naval missions as detailed in SECNAV Memo: Department of the Navy Objectives for FY 2009 and beyond dated Oct 9, 2007 specifically to augment:

- Expand coverage of the programs for wounded, ill and injured service members to match the goals of the Senior Oversight Committee.
- Provide high quality support services to naval personnel and their families.
- Build disaster contingency plans which ensure personnel accountability and safety for Active Duty and Reserve Navy and Marine Corps, DoD Civilians, their families, and selected contractor personnel.
- Strengthen ethics as a foundation of exemplary conduct within the Department of the Navy.

RECOMMENDATION:

That the Secretary of the Navy encourage CNO/CMC to better utilize military retiree volunteers to support DON objectives for FY 2009 and beyond.

Council Point of Contact: LtCol. Larry Waggoner, Volunteer Services Chairperson

Item No: 07-09

Subject: PRE-TAX HEALTH INSURANCE PREMIUMS

DISCUSSION:

Many federal and military retirees pay premiums for a variety of health insurance programs, such as TRICARE premiums, Federal Employees Health Benefit Plan premiums, and TRICARE Retiree Dental Plan premiums. For the vast majority, these health insurance premiums are not tax-deductible because their health care expenses do not exceed 7.5 percent of their adjusted gross taxable income.

Since 2000, federal civilian employees have been able to use pre-tax dollars to pay health insurance premiums to the Federal Employees Health Benefits Program under the "Premium Conversion" program. Premium conversion uses federal tax rules to let employees deduct their share of health insurance premiums from their taxable income, thereby reducing their taxes. This plan is similar to the private sector, where employees have been allowed to deduct health insurance premiums from their taxable incomes for many years. Under current law, retired federal civilian employees and military retirees are not eligible to participate in this program.

This item was previously submitted by the Retiree Council and the Secretary agreed to concur with appropriate legislation. H.R. 1203 and S. 491 Bills, introduced in 2009, propose amending the IRS Code of 1986 to allow retired military members and federal civilian annuitants to pay their health insurance premiums on a pre-tax basis.

RECOMMENDATION:

That the Secretary of the Navy recommends the Secretary of Defense and other Service Secretaries support current proposals to amend the Internal Revenue (IRS) Code allowing retired military members and federal civilian annuitants to pay their health insurance premiums on a pre-tax basis.

Council Point of Contact: COL Ken Jordan, Compensation Chairperson

Item No: 08-09

**SUBJECT: EXPAND COLLABORATION AND MARKETING EFFORTS
BETWEEN VA AND DOD**

DISCUSSION:

Expanded collaboration between DOD and VA will lead to greater efficiency in utilization of resources and help to ensure a smooth transition from active duty to retired status. CPRS has been recognized by the health care technology industry as one of, if not the most, comprehensive Electronic Health Record (EHR) systems in use. The use of this integrated system and its continued development will allow us to capture new and emerging technology and translate this into improved care for retirees. We recommend that DOD adopt the use of CPRS as a tool to enhance the application of patient care and standardize the level of care across the lifetime continuum.

The strategic location of VA CBOCs can improve access for retirees who are enrolled in TRICARE. Retirees enrolled in TRICARE, who reside outside of the Military Treatment Facility (MTF) catchment area or in rural areas of the country, should be allowed healthcare services at VA Medical Centers and CBOCs through an expanded MOU between VA and DOD.

Feedback from our military retirees indicates that they need more information about DOD and VA health care services. Annual review of the marketing plan for effectiveness is essential to promote medical services for retirees. Additional resources for promoting this marketing effort may include sending the "Shift Colors" and "Semper Fidelis" newsletters, working collaboratively with the Veteran Service Organizations (VSOs), and utilizing TV/radio public service announcements produced by the Navy and Marine Corps.

RECOMMENDATIONS:

The Secretary of Defense adopt the Veterans Affairs (VA) Computerized Patient Record System (CPRS) for Department of Defense (DOD).

Increase use of Memorandum of Understanding (MOUs) to expand availability of TRICARE services for retirees and their dependents where there are VA Medical Centers and/or Community Based Outpatient Clinics (CBOCs) that are easily accessible.

Review and expand marketing efforts to increase knowledge of VA/DOD health care services for retirees and their families.

Council Point of Contact: CAPT Nancy Swanson, Medical Chairperson

Item No: 09-09

Subject: PILOT PROGRAM FOR INCREASED APO/FPO WEIGHT LIMIT

DISCUSSION:

The three Service Retiree Councils have repeatedly supported the amendment of Military Postal System (MPS) rules to authorize mail privileges for Box R patrons (military retirees) for parcels up to five pounds, unless further restricted by host governments. This issue remains the top Quality of Life issue for the 5,000 military retirees residing in the USEUCOM AOR using Military Retiree Post Office boxes (Box-R).

Three component commanders have requested that OSD change the policy to eliminate the current 16-ounce limit (in the first request) or increase the limit to 5-pounds (in the latter two requests).

In order to quantify these factors, CG USAFE and CG USAEUR will initiate a one year pilot program in which military retirees of all services, who are supported by APOs in Germany, would be allowed to receive and send parcels weighing up to 5 pounds. Implementation of the test program would involve:

- Notifying postal personnel of the US Army in Europe and the US Air Force in Europe.
- Increased transportation costs, estimated as “minimal”, which can be determined precisely as the current system which accumulates the total Second Destination Transportation costs collects that data by APO location.
- Increased workload data, estimated as “a minor increase”, can be gathered by APO personnel.

The Status of Forces Agreement (SOFA) Supplemental Agreement in Germany authorizes the establishment of a MPS. While retirees are not included in the pool of eligible persons, a clearance process that addresses the importation of goods by retirees has been in place since 1963.

RECOMMENDATION:

Recommend the Secretary of the Navy concur with the USAFE/USAEUR postal test program, under which military retirees of all services who are supported by APOs in Germany, be allowed to receive and send parcels weighing up to 5 pounds.

Council Point of Contact: LtCol Waggoner, Volunteer Services Chairperson

Item No: 10-09

**Subject: CHANGE SECNAVINST 5430.7P TO REFLECT THE
MILITARY RETIREE AS A PART OF THE RESPONSIBILITY
FOR ASN (M&RA)**

DISCUSSION:

The subject instruction lists overall responsibilities for ASN (M&RA) including the development of programs and policy related to military personnel (active and reserve component) and the civilian workforce. The instruction should be changed to add the words "military retirees" to properly reflect the responsibilities of ASN (M&RA).

RECOMMENDATION:

That the Secretary of the Navy change the subject instruction to add the words "military retiree" in the responsibilities for ASN (M&RA).

Council Point of Contact: LtCol Waggoner, Volunteer Services Chairperson

SECNAV Retiree Council 2009 Additional Comments:

- a. The Council remains impressed with the dedicated staff of the office of the Assistant Secretary of the Navy. However, there exists a need for an additional full time equivalent to support retiree activities.
- b. The Council values the professionalism and initiative displayed by The Military Coalition Veterans Alliance and other Veteran Service Organizations as they serve as champions of the military. We are pleased by the strong relationship generated between the Council and these professionals and will continue to expand a stronger partnership in the future.
- c. The Council continues to recommend the establishment of an annual Retiree Appreciation Day and associated messages from the CMC and CNO to their retired communities. This is a vital resource for Installation Commanders to recognize contributions and volunteer efforts of the Navy and Marine Corps retirees. The Council recommends either October (Navy Birthday) or November (Marine Corps Birthday) be used for these appreciation events.
- d. The Council urges that the SECNAV direct the CMC and CNO to routinely inform the retired community of the veterans hiring preference eligibility defined under Title 5, United States Code 2108.
- e. The Council reviewed SECNAV INSTRUCTION 5430.7P and recommends that it be modified to include the words 'military retiree' in paragraph 7a(4).
- f. The Department of the Navy (DON) Force Management Oversight Council (DON FMOC) could be instrumental in furthering our mission. As an advisory board to the SECNAV on matters concerning broad policy for all DON members, it is suggested that the DON FMOC include retirees in their concept of the Total Force in working as a team to achieve common Departmental goals.
- g. Periodic communications to retirees is required by reference (a). However, for the last two years the \$360,000 mailing cost per issue for Navy 'Shift Colors' newsletter has not been provided. 'Shift Colors' is now only available on-line. Navy Personnel Command surveys indicate more than 50% of the retiree population lacks internet access. We highly recommend that 'Shift Colors' be funded for mailing, at a minimum of once per year.
- h. We invited HudsonAlpha Institute for Biotechnology from Huntsville, AL to give a brief to us about their mission. HudsonAlpha Institute is a new, non-profit biotechnology research institute that conducts genetic research to identify the relationships between an individual's genetic profile, exposure to traumatic events, and measurable symptoms of Post Traumatic Stress Disorder (PTSD). We felt that the HudsonAlpha Institute staff proposed valuable research ideas related to PTSD. It is recommended that SECNAV Navy Medicine explore this option. We also recommend that the Institute staff talk with current researchers at the VA and DOD to further address opportunities for joint research efforts. (see HudsonAlpha Institute for Biotechnology information attached)



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Post Traumatic Stress Disorder

Presented by Drs. Richard M. Myers and O'Neal Smitherman

HudsonAlpha Institute for Biotechnology

The Problem: With the current military deployments, an increasing number of soldiers are experiencing post traumatic stress disorder (PTSD). Interestingly some individuals who have experienced traumatic events show no signs of the disorder, while others who are exposed to trauma present significant levels of PTSD. A few research studies have shown that there is clearly a genetic component to the disorder, that is, genes play a role in making someone susceptible to PTSD following at least one traumatic event. However, these studies have been done on a small scale, with small numbers of individuals, and without the benefit of brand new technologies in the field of genomics that allow genes to be probed at an unprecedented level of speed, detail and completeness. The time is right, both from the large number of cases arising in recent years and from these new advances in technology, to mount a serious, comprehensive attack on understanding major causes of PTSD. Such knowledge is critical for diagnosis, treatment and prevention.

HudsonAlpha Institute's Involvement: HudsonAlpha Institute (HA) is a new non-profit biotechnology research institute that is uniquely qualified to conduct genetic and genomic research to identify the relationships between an individual's genetic profile, exposures to traumatic events, and measurable symptoms of PTSD. HA has the technology, the personnel and the expertise to systematically lead and conduct a project of the scale needed to attack this problem in an aggressive way. HA's scientists were principal players in the Human Genome Project and continue to work in collaborative research relationships with multiple academic institutions around the country, all aimed at understanding the molecular level of genetic inheritance and gene expression in human beings, and would value the opportunity to work with the U.S. military to help solve this pressing problem.

Benefits: Our research would probe every human gene at a very high level of detail to determine which contribute to the symptoms of, and possibly resistance to, PTSD. If gene contributions are found, the knowledge and data could be used in the following ways:

1. A predictive test could be developed to identify individuals who are predisposed to experience symptoms when exposed to stressors.

2. A predictive test could be developed to identify individuals who are *less* likely to experience symptoms when exposed to stressors.
3. The proteins encoded by the genes identified in this study would be potential targets for the development of drugs to alleviate the symptoms in individuals with PTSD.
4. These same proteins could be used to drugs to *prevent* the symptoms of PTSD from ever occurring.
5. We could gain a better understanding of the mechanisms that result in expression of PTSD symptoms, that is, why some people develop PTSD and others do not.

What we propose: We propose to work with the military to conduct a very large genomic study, with as many as 20,000 or more trauma-exposed individuals with and without PTSD. With exposure and clinical diagnostic information, we would perform experiments to probe all the genes in these individuals to look for genetic differences that appear in affected versus unaffected people.

What we request: To perform this research, we will need small amounts (1-2 tablespoons) of blood from as many as 20,000 individuals who have recently served in combat situations, their records relating to traumatic events during their service, and their psychiatric records relating to their emotional evaluations.

Cost: A definitive study of PTSD needs to be done on a large scale rather than piecemeal, and we believe a study of this size, which could be done in about 3 years, is warranted. We can provide a detailed breakdown of costs, but in general, the cost for a 10,000 - 20,000 person study would be between \$10 million and \$20 million, over and above the cost of collecting the blood samples and clinical information. To gain sufficient statistical power to study the entire human genetic code, we need to survey a sufficient number of individuals. We could certainly design a smaller study that would cost less, but the larger the study, the more likely we will identify significant contributors to the disorder.