

April XXXXX, 2021

The Honorable Martin Heinrich  
Chairman  
Senate Appropriations  
MilCon/VA Subcommittee  
303 Hart Senate Office Building  
Washington, DC 20510

The Honorable John Boozman  
Ranking Member  
Senate Appropriations  
MilCon/VA Subcommittee  
141 Hart Senate Office Building  
Washington, DC 20510

**RE: FY22 funding to expand Veterans Administration Headache Disorders Centers of Excellence**

Dear Chairman Heinrich and Ranking Member Boozman:

**As you finalize the Military Construction and Veterans Affairs Fiscal Year 2022 Appropriations bill, we respectfully request the Subcommittee recognize the urgent needs of veterans disabled by headache disorders. Specifically, we request the Subcommittee include \$25 million to expand the Veterans Administration (VA) Headache Disorders Centers of Excellence (HCoE) and the inclusion of related report language.**

During the Global War on Terror (GWOT), 350,000 veterans sustained traumatic brain injuries (TBIs)<sup>1</sup> and chronic post-traumatic headaches and chronic migraine are two signature symptoms of TBI. Among a cohort of male GWOT veterans who were studied 4 to 11 years following deployment-related TBI, 44% reported headaches more than 15 days per month – constituting chronic migraine – and 89% met criteria for migraine<sup>2</sup>.

Three million veterans were also exposed to airborne hazards from burn pits<sup>3</sup> during the GWOT, and almost twice the number of veterans exposed reported limitations specifically due to migraine<sup>4</sup> than those not exposed. At this time, 1,633,052 VHA veterans are diagnosed with a headache disorder, and 621,000 are diagnosed with migraine.

In FY2018, Congress appropriated \$10 million to establish at least five VA Headache Disorders Centers of Excellence (HCoE) to provide specialty consultation, referral care, and opportunities for research to improve the care for veterans with headache disorders<sup>5</sup>. Since FY2018, the HCoE system has grown to 14 national sites (7 hub sites, 7 consortium sites). Though the program has grown, currently only half of veterans seeking this specialty headache care reside in an area serviced by an HCoE. There is immediate need for this specialty care and additional research on headache disorders – particularly for women, who have historically been neglected from healthcare research.

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<sup>1</sup> <http://dvbic.dcoe.mil/dod-worldwide-numbers-tbi>

<sup>2</sup> Couch JR, Stewart KE, *Headache* 2016;56:1004-1021.

<sup>3</sup> Communication, Richard A. Stone, M.D., VHA Acting Under Secretary for Health

<sup>4</sup> <https://www.publichealth.va.gov/docs/exposures/va-ahobp-registry-data-report-june2015.pdf#>

<sup>5</sup> <https://www.appropriations.senate.gov/imo/media/doc/FY2018%20MiliCon-VA%20Bill%20S1557.pdf>

To ensure equitable access to specialized headache care for all VHA veterans living with disabling headache disorders, we encourage the Subcommittee to include \$25 million in funding to expand the VA HCoE system from 14 to 28 national sites.

In addition, we respectfully request the inclusion of the below related report language:

*“Headache Disorders Centers of Excellence.— The Committee recognizes that during the Global War on Terror over 350,000 veterans sustained traumatic brain injuries, 3,000,000 veterans were exposed to burn pits, and that chronic headache disorders are common sequelae of these injuries. In 2020, more than 408,000 veterans sought specialized health care for headache disorders within the Veterans Health Administration (VHA). In fiscal year 2018, the Committee provided VHA with \$10,000,000 for the establishment of at least five Headache Disorders Centers of Excellence (HCoEs). Currently, the VHA maintains 14 active HCoE sites which are insufficient to ensure equitable access to specialized Headache Medicine services for all veterans that seek them. The Committee provides \$25,000,000 to expand the HCoE system to include at least 28 sites nationally that will provide equitable access to specialty consultation, direct health care delivery, education of VHA health care providers, and research to improve the care and clinical outcomes of veterans. Further, the Committee strongly urges that the VHA administration of the HCoE system be placed under VHA Neurology, in consideration of the fact that VHA veterans with headache disorders are more than twice as likely to consult with health care providers in VHA Neurology than with VHA Physical Medicine and Rehabilitation, and that Neurologists are far more likely to have received specialty training in Headache Medicine. Finally, the Committee expects VHA to provide sustained support for the HCoE system to ensure the successful recruitment and retention of health care providers with specialty training in Headache Medicine.”*

In order to give our veterans the care they need and deserve, we encourage the Subcommittee to include the above report language and \$25 million in funding to expand the HCoE. Thank you for your time and for considering this request.

Sincerely,

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Member of Congress