

## WASHINGTON, DC 20510

June 21, 2021

The Honorable Martin Heinrich Chairman U.S. Senate Committee on Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies 125 Dirksen Senate Office Building Washington, DC 20510

The Honorable John Boozman Ranking Member U.S. Senate Committee on Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies 125 Hart Senate Office Building Washington, DC 20510

## Dear Chairman Heinrich and Ranking Member Boozman:

As you develop the fiscal year (FY) 2022 Military Construction, Veterans Affairs, and Related Agencies appropriations bill, we respectfully request the subcommittee recognize the urgent needs of veterans with headache disorders. Specifically, we request the subcommittee include \$25 million to expand the Veterans Administration (VA) Headache Disorders Centers of Excellence (HCoE) program and include related report language.

Currently, over 1.6 million veterans are diagnosed with a headache disorder, and 621,000 are diagnosed with migraine. During the Global War on Terror (GWOT), over 350,000 veterans sustained traumatic brain injuries (TBIs).¹ 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 percent reported having headaches more than 15 days per month—constituting chronic migraine—and 89 percent met criteria for migraine.² In addition, three million veterans were exposed to airborne hazards from burn pits during the GWOT³, and almost twice the number of deployed veterans exposed to burn pits subsequently reported having functional limitations specifically due to migraine compared to those not exposed to burn pits.⁴

In the FY 2018 appropriations bill, Congress appropriated \$10 million to establish at least five VA HCoEs to provide specialty consultation, referral care, and opportunities for research to improve the care for veterans with headache disorders. Since FY 2018, the HCoE program has grown to 14 national sites (i.e., 7 hub sites, 7 consortium sites). Though the program has grown, currently only half of veterans seeking specialty headache care reside in an area served by an HCoE. As a result, there is an immediate need for this specialty care and additional research on headache disorders—particularly for women, who have historically been underrepresented in health care research.

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

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

<sup>&</sup>lt;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 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 this 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). For 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. 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. Finally, the Committee directs VHA to provide a report, no later than the fiscal year 2023 Congressional Justification, that details potential associations between open burn pit exposures, chronic headache disorders, and health care utilization rates.

In order to provide our veterans with 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 system. Thank you for your consideration of this request.

Sincerely,

Brian Schatz

**United States Senator** 

Bill Cassidy, M.D. United States Senator

Bill Cassidy, M.D.

Chris Van Hollen United States Senator

Thom Tillis United States Senator

Tim Kaine

**United States Senator** 

Debbie Stabenow
United States Senator

Richard Blumenthal United States Senator

United States Senator

Mazie K. Hirono United States Senator

Richard J. Durbin United States Senator

Bernard Sanders United States Senator Tammy Duckworth
United States Senator

John Hickenlooper

United States Senator

Michael F. Bennet

United States Senator