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September 24, 2007

Robert E. Shapiro, M.D., Ph.D.
Associate Professor of Neurology
Medical Director, UVM Office of Clinical Trials Research
Given Building C219B,
Department of Neurology, College of Medicine
University of Vermont
89 Beaumont Avenue
Burlington, VT 05405

Dear Dr. Shapiro,

I extend my strongest support to the call by the American Academy of Neurology, American Headache Society, National Headache Foundation, World Health Organization, and eight other national and international organizations, to provide full and equitable funding of NIH research into headache disorders consistent with their high population prevalence and their enormous contribution to our national economic and disability burdens.

Headache disorders are the most prevalent neurological disorders. According to World Health Organization (WHO) data, they are collectively among the top ten causes of disability worldwide. They are also responsible for nine percent of all US lost labor productivity, constituting over \$20 billion annually. Four percent of Americans have headache pain more than four hours per day for more than 15 days per month.

Severe migraine attacks are considered by the WHO to be as disabling as quadriplegia, and migraine is responsible for at least one percent of the total US disability burden. Migraine afflicts 12 percent of Americans. A quarter of American families contain someone with this disorder. 25% of middle-aged women and 19 percent of veterans of the Iraq war have migraine.

Migraine significantly increases the risks for other serious diseases. Greater than 1400 more US women with migraine with aura die annually from cardiovascular diseases compared to women who do not have migraine. Based on a sample of Americans, suicide attempts are three times more likely in individuals with migraine with aura compared to those with no migraine, whether or not major depression is also present.

In response to this huge disease burden, the NIH annually expends approximately \$13 million towards migraine research, comprising less than 0.05 percent of its budget. Migraine funding did not rise appreciably during the recent doubling of the NIH budget. There is no NIH intramural research program on headache disorders. There is no NIH study section for grant review wholly devoted to pain research, let alone headache disorders. Migraine has only very rarely been prioritized for NIH extramural research funding.

The NIH has never funded headache disorders research at adequate levels. This disregard has discouraged scientists from pursuing this research field. It has also resulted in meager development of effective therapies for headache, discouraged clinicians from entering headache specialty practice, and, ultimately, has denied millions of affected Americans the promise of effective clinical care.

I fully support the important goal of increased NIH funding for headache disorders.

Sincerely,

A handwritten signature in blue ink that reads "Peter Welch". The signature is fluid and cursive, with the first name "Peter" and last name "Welch" clearly distinguishable.

PETER WELCH
Member of Congress