

Congress of the United States

House of Representatives

February 28, 2022

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201
Dear Secretary Becerra,

As Chair of the Congressional Black Caucus Health Braintrust, I want to thank you for your commitment to prevent cardiovascular disease, via the Million Hearts initiative co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS). I know your agencies have numerous other initiatives under way to address this important issue. Furthermore, I applaud President Biden's commitment to addressing racial disparities in cardiovascular disease (CVD) and his proclamation of February 2022 as American Heart Month.

Every year, 800,000 people, or 1 in 3 Americans, die of CVD in the United States^[1]. Unfortunately, there are 100 million people living with CVD, millions of whom are undiagnosed and untreated. The lack of diagnoses, partially resulting from insufficient screening, has been exacerbated during the global pandemic. During the pandemic, cholesterol screenings were down more than 35 percent in the U.S.^[2], with a staggering decline of 71.8% during the early stages from March through mid-June 2020 at Mass General Brigham health system ^[3]. This raises some concerns that a different public health crisis – a spike in CVD events – will emerge if patients are unable to get properly screened and diagnosed.

The CDC announced that as of February 12, 2022, there have been, more than 1 million “excess deaths” since the beginning of the pandemic. While COVID-19 partially explains the increase in excess deaths, the CDC mortality data expose a surge in deaths from non-COVID-19 causes, including deaths from heart disease, hypertension. According to an article published in the American Heart Association Journal, Black Americans and other people of color suffered a disproportionate rise in cardiovascular deaths during the pandemic.^[4] Black Americans experienced an approximate 20% increase in cardiovascular disease deaths during the pandemic, in contrast to non-Hispanic white Americans, who experienced a 2% increase in deaths. The catastrophic statistics of unnecessary deaths illustrates the far-reaching impact the pandemic has had on the health of Americans and raises grave concerns that existing health disparities in CVD will be further exacerbated.

[1] “Know the Differences: Cardiovascular Disease, Heart Disease, Coronary Heart Disease.” *National Heart Lung and Blood Institute*, U.S. Department of Health and Human Services, <https://www.nhlbi.nih.gov/>.

[2] Smith, W. *An “Impending Tsunami” in Mortality From Traditional Diseases*; Nov. 9, 2021, Pioneer Institute Public Policy Research; [Pioneer study](#)

[3] Gumuser, Esra D et al. “Trends in cholesterol testing during the COVID-19 pandemic: COVID-19 and cholesterol testing.” *American journal of preventive cardiology* vol. 6 (2021): 100152. doi:10.1016/j.ajpc.2021.100152 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7987373/>

[4] Racial and Ethnic Disparities in Heart and Cerebrovascular Disease Deaths During the COVID-19 Pandemic in the United States, May 18, 2021; Rishi K. Wadhera et al; <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.054378>

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A person's race or ethnicity shouldn't put them at a higher risk of a CVD adverse event, yet data shows striking disparities exist in outcomes among racial and ethnic groups. Many racial minorities, especially Black Americans, have higher rates of CVD and tend to develop this condition, including certain risk factors, at an earlier age than non-Hispanic white populations[5]. Low-density lipoproteins cholesterol, a buildup of plaque in arteries, and high blood pressure are both key risk factors for cardiovascular events. Black Americans are 40 percent more likely to have high blood pressure but are less likely than their white counterparts to have their blood pressure under control[6]. Early onset of CVD and missed opportunities to diagnose results in dangerous consequences for women of childbearing age. Black women are three times more likely to die from pregnancy complications compared to other groups, with CVD accounting for over 30% of these pregnancy-related deaths[7],[8]. According to the HHS Office of Minority Health, Black Americans are 30% more likely to die from heart disease than non-Hispanic whites which results in a disproportionate death toll.

Lack of awareness, diagnoses, and treatment of CVD is an undeniable obstacle for Black Americans in overall health management. The CDC report on excess deaths, among other recent alarming data on cardiovascular disease in Black communities demands an increase in screening and prevention efforts. We strongly urge you to continue advocating for increased access to screenings and a wide range of cardiovascular disease treatments and interventions in order to close this healthy equity gap.

Sincerely,



Robin L. Kelly

Member of Congress

Chair, CBC Health Braintrust

[5] "African American Health." *Centers for Disease Control and Prevention*, <https://www.cdc.gov/vitalsigns/aahealth/index.html>

[6] "Heart Disease and African Americans.", U.S. Department of Health and Human Services Office of Minority Health, <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19>

[7] "Addressing Inequities in Cardiovascular Disease and Maternal Health in Black Women" <https://www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.121.007742>

[8] "Getting To The Heart of America's Maternal Mortality Crisis" <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01702#:~:text=Cardiovascular%20disorders%20are%20the%20leading,cesarean%20section%20rate%2C%20socioeconomic%20factors%2C>