

# Congress of the United States

Washington, DC 20515

May 22, 2002

The Honorable Ralph Regula, Chairman  
Subcommittee on Labor Health and Human Services and Education  
2358 Rayburn House Office Building  
Washington, DC 20515

The Honorable David Obey, Ranking Member  
Subcommittee on Labor Health and Human Services and Education  
1016 Longworth House Office Building  
Washington DC 20515

Dear Chairman Regula and Ranking Member Obey:

We the undersigned Member's of the Congressional Black Caucus, are writing to urge you to support a Nationwide Health Tracking Network to track chronic diseases and associated environmental factors by appropriating \$100 million for the Centers for Disease Control and Prevention (CDC) in the FY2003 House LHHS Appropriations bill. Even though chronic diseases are responsible for the majority of death and disability for African-Americans in this country and cost our citizens and our government \$325 billion annually, there is no national coordinated tracking of these killer diseases and potentially associated environmental factors.

Scientists have only minimal information about what role the environment plays in diseases such as cancer, asthma, autoimmune diseases, neurological and developmental disorders, and many birth defects. A nationwide health-tracking network would provide our public health officials, health care providers, and communities with critical data on disease patterns and possible environmental factors to enable them to form prevention strategies. Without a network, we will remain in the dark; unable to figure out why these diseases occur, where they strike, whom they chose as their victims, and how to take action to prevent further cases and clusters.

Considerable health disparities faced by minority and low-income groups include shorter life expectancy, as well as higher rates of cancer, birth defects, infant mortality, asthma, diabetes, and cardiovascular disease. Although lack of access to health care may account for some of these disparities, the differences in environmental and occupational exposures may also play a role.

- Increases in asthma affect all ages, all racial groups, and occur throughout the U.S., but the disease adversely impacts low income and minority populations to a disproportionate degree. While the prevalence of asthma is only slightly higher in African Americans and Hispanics than in whites, African American children are 5 times more likely to die from asthma than white children. More than half the states (27) lack ongoing tracking and monitoring of asthma even though it is a rapidly growing national epidemic.
- Women comprise 90% of lupus patients and it affects predominately young black females. African Americans are 3 to 4 times more likely to develop the disease than whites. In a survey conducted in 2000, only four states reported tracking autoimmune diseases such as lupus even though rates for these diseases are rising.
- Overall cancer rates are declining, but Blacks are more likely to get cancer and to die from the disease than other racial and ethnic groups. Next to heart disease, cancer is the leading cause of death among African Americans. Although all states have a cancer registry in place or in the planning stages, most lack the necessary resources to properly compile, analyze and put to use the wealth of information that could inform cancer prevention, and we have no ability to monitor related environmental factors.

In FY02, Congress appropriated \$17.5 million to begin state pilot health tracking programs. The CDC has begun the planning needed to develop a coordinated nationwide health tracking network among all states, which would build on existing systems for tracking infectious disease. While this initial funding will help start several state programs this year, a greater investment is needed to develop a nationwide network. The Pew Environmental Health Commission at Johns Hopkins School of Public Health estimated the cost of a fully operational and nationwide health-tracking network to be \$275 million annually.

We request that the Committee provide an increase of \$100 million for the health tracking network in the CDC's appropriations for fiscal year 2003. This would provide resources for more state health departments to develop and operate a comprehensive and coordinated state health-tracking network, environmental health laboratories, and state environmental health investigators and chronic disease epidemiologists to inform and support rapid response teams when a disease cluster or other health emergency is detected.

In addition, these funds would enable CDC, working in coordination with state and local public health officers and environmental health specialists, to complete the development of data standards and tracking protocols to ensure that the data collected by states would be nationally comparable as part of the network.

In closing we believe an increased investment will strengthen our country's ability to prevent chronic disease and make a meaningful difference in addressing health threats and potentially related environmental factors.

We urge you to support this important program.

Sincerely,

Eddie Bernice Johnson

Barbara L. Rivers

Alice E. Watson

Carroll Meek

Earl F. Hilliard

Eleonore H. Frank

Mary G. Davis

Theresa J. Jones

Barbara Lee

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