Washington, DC 20515

April 10, 2025

The Honorable Robert F. Kennedy. Jr., Secretary Department of Health and Human Services 200 Independence Avenue, S.W. Washington, DC 20201

Dear Secretary Kennedy,

We write to express our deep concern following your decision to eliminate the Office of Minority Health at the Department of Health and Human Services ("HHS OMH") and the Office of Minority Health at the Centers for Medicare and Medicaid Services ("CMS OMH"). It is particularly unsettling that the Administration is willing to so carelessly put lives at risk by dismantling the federal offices working to reduce health disparities and improve access to care.

These cuts may achieve short-term savings but will undoubtably increase inefficiencies and waste for years to come. HHS OMH and CMS OMH are victims of the Administration's ideological campaign against diversity, equity, and inclusion (DEI) initiatives. Websites for several minority health offices that operate under HHS, including the Food and Drug (FDA) Administration's Office of Minority Health, and the Health Resources and Services Administration's Office of Health Equity have been taken down in response to the President signing an executive order calling for federal agencies to end Diversity, Equity, and Inclusion initiatives. Let us be clear: closing down these offices will kill our country's most vulnerable.

As we hope you are aware, the mission of HHS OMH is to improve the health of racial and ethnic minority populations and underserved communities, including rural communities, through the development of health policies and programs to eliminate health disparities. There are many common diseases and chronic health conditions that disproportionately impact minority populations, including:

• African American and Hispanic adults have the *highest* prevalence of obesity in the United States. Obesity increases the risk of developing deadly health conditions such as heart disease, stroke, diabetes, and certain types of cancers.³

¹ https://www.healthcaredive.com/news/hhs-kennedy-cuts-cms-minority-health-offices/743966/

² https://www.whitehouse.gov/presidential-actions/2025/01/ending-radical-and-wasteful-government-dei-programs-and-preferencing/

³ https://pmc.ncbi.nlm.nih.gov/articles/PMC10107750/

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- Heart disease is the leading cause of death in the United States. Black Americans are 30% more likely to die from heart disease than White Americans.
 - O Heart disease is the number one killer of women; one in three women will die of heart disease, which is more than from all forms of cancer *combined*.
- Black and African American people have higher death rates than all other racial/ethnic groups for most cancers.⁷
 - Black and African American women are more likely than White women to die of breast cancer.⁸
 - o Black and African American men are more likely than white men likely to die of prostate cancer.⁹
- Despite Asian Americans having a 40% lower overall cancer death rate than the White population, liver cancer mortality is nearly 40% higher, and stomach cancer mortality is twice as high.¹⁰
 - o Certain ethnic populations such as persons of Korean, Japanese, Chinese, and Vietnamese descent, stomach cancer rates can be up to 5 tomes higher. 11
 - Breast cancer diagnoses for Asian American and Pacific Islander women under 50 have increased by 50% since 2000.¹²
- Asian Americans comprise about 7% of the U.S. population but suffer 58% of chronic hepatitis B cases.¹³
- Black adults are nearly twice as likely as White adults to develop type 2 diabetes. 14
 - Black and Hispanic diabetics are four times more likely to get an amputation than other groups.¹⁵
 - Hispanic and Latinos are 50% more likely to die from diabetes or liver disease.¹⁶
- Native Hawaiian and Pacific Islander (NHPI) adults are more than two times as likely to die from diabetes than White adults.¹⁷

⁴ https://www.cdc.gov/nchs/products/databriefs/db521.htm

⁵ https://www.uchicagomedicine.org/forefront/heart-and-vascular-articles/heart-disease-and-racial-disparities

⁶ Id.

⁷ https://www.cancer.gov/about-cancer/understanding/disparities

⁸ Id

⁹ Id.

¹⁰ https://pmc.ncbi.nlm.nih.gov/articles/PMC11268783/

¹¹ https://cancerprogressreport.aacr.org/wp-content/uploads/sites/2/2022/06/AACR_CDPR_2022.pdf

 $[\]frac{12}{\text{https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/2024/breast-cancer-facts-and-figur$

https://www.nbcnews.com/news/asian-america/asian-americans-hepatitis-b-cases-rcna151128

¹⁴ https://www.nih.gov/news-events/nih-research-matters/factors-contributing-higher-incidence-diabetes-black-americans

¹⁵ https://abcnews.go.com/Health/medical-experts-sound-alarm-growing-diabetic-amputations-black/story?id=107257874

¹⁶ https://www.cigna.com/static/www-cigna-com/docs/health-disparities-hispanic-latino-community.pdf

¹⁷ https://www.kff.org/racial-equity-and-health-policy/issue-brief/key-data-health-and-health-care-for-native-hawaiian-pacific-islander-people/#outcomes

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- Black women are three times more likely to die from a pregnancy-related cause than White women. 18
 - Black infants are more than twice as likely to die in their first year compared to
 White infants.¹⁹
- NHPI women are four times more likely than White women to begin receiving prenatal care in the third trimester or receive no prenatal care at all.
- Hispanic and Latina mothers were 80% less likely to receive late or no prenatal care.
- Incidence of colorectal, lung, and cervical cancers are higher for people who live in rural Appalachia than in individuals who live in urban areas in the same region.²⁰

Amidst these threats to public health, we are requesting information and answers to the following questions within 7 days of receipt of this letter:

- 1. What is your justification for eliminating the OMH within HHS? Within CMS?
- 2. How does the Department plan to address the health needs of minority populations and underserved communities across the country?
- 3. How will the elimination of these offices improve health outcomes and reduce health disparities?
- 4. Please list the ongoing research projects impacted by the closures of these offices.

Terminating offices and programs that promote addressing minority health matters endangers millions of Americans. As Members of Congress, we have a duty to review and oversee how agencies are spending their funds for the betterment of the American people. We urge you to reverse this dangerous decision.

Sincerely,

Bonnie Watson Coleman

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Member of Congress

Alma S. Adams, Ph.D.

Member of Congress

²⁰ Id

¹⁸ https://www.cdc.gov/womens-health/features/maternal-mortality.html

¹⁹ https://www.cbsnews.com/texas/news/why-are-black-babies-dying-more-than-others/

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