Congress of the United States
House of Representatives
Washington, D.C. 20515

January 13, 2004

The Honorable Tommy G. Thompson
U.S. Secretary of Health and Human Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Mr. Secretary:

We are writing to protest changes to the *National Healthcare Disparities Report*, a major scientific study released December 23 by the Department of Health and Human Services (HHS).

The study is the first to be written in response to Public Law 106-129, the Healthcare Research and Quality Act of 1999, which called for an annual report to track "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations."

We have obtained a version of the study's executive summary that was drafted by HHS scientists. Consistent with the findings of the Institute of Medicine, the scientists' draft called disparities "national problems" that are "pervasive in our health care system" and found that disparities carry a significant "personal and societal price."

The final version of the report, however, contains none of these conclusions. This version, which was cleared by political appointees, barely mentions the word "disparity" and highlights ways in which racial and ethnic minorities are in better health than the general population.

We urge you to read the attached report by the Special Investigations Division of the minority staff of the Government Reform Committee. This report shows how changes to the *National Healthcare Disparities Report* alter the report's message, undermine efforts to address disparities, and fit a pattern of the manipulation of science by the Bush Administration.

The Special Investigations Division found:

- **The final version of the *National Healthcare Disparities Report* deletes most uses of the word "disparity."** The scientists' draft defined "disparity" as "the condition or fact of being unequal, as in age, rank, or degree" and included the term over 30 times in the "key findings" section of the executive summary. By contrast, the final version leaves "disparity" undefined and includes it in the "key findings" section just twice.

- **The final version eliminates the conclusion that healthcare disparities are "national problems."** The scientists' draft found "racial, ethnic, and socioeconomic disparities are national problems that affect health care at all points in the process, at all sites of care, and for all medical conditions — in fact, disparities are pervasive in our health care system." The final version states only that "some socioeconomic, racial, ethnic, and geographic differences exist."

- **The final version drops findings on the social costs of disparities and replaces them with a discussion of "successes."** The scientists' draft concluded that "disparities come at a personal and societal price," including lost productivity, needless disability, and early death. The final version drops this conclusion and replaces it with the finding that "some 'priority populations' do as well or better than the general population in some aspects of health care." As an example, the executive summary highlights that "American Indians/Alaska Natives have a lower death rate from all cancers." The executive summary does not mention that overall life expectancies for American Indians and Alaska Natives are significantly shorter than for other Americans or that their infant mortality rates are substantially higher.

- **The final version omits key examples of disparities.** The scientists' draft concluded that racial and ethnic minorities are more likely to be diagnosed with late-stage cancer, die of HIV, be subjected to physical restraints in nursing homes, and receive suboptimal cardiac care for heart attacks. The final version drops these examples. The report instead highlights milder examples of disparities, such as the finding that "Hispanics and American Indians or Alaska Natives are less likely to have their cholesterol checked."

Tampering with scientific conclusions is unethical. Doing so on an issue of social justice is unacceptable. HHS should be fully engaged in the fight against healthcare disparities, not rewriting reports to minimize their scope and importance. To investigate this issue further, we request:

1. All internal HHS drafts, comments, e-mail exchanges, memos, and other materials related to the *National Healthcare Disparities Report*.

2. Dates of all meetings to discuss changes to the *National Healthcare Disparities Report,* including lists of attendees.

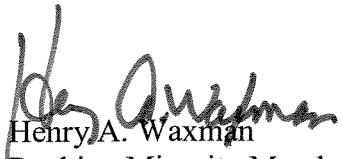
3. Comments from outside groups and individuals, including consultants, related to the *National Healthcare Disparities Report*, as well as any information, e-mails, or correspondence exchanged with these groups.

We also request that you provide a detailed plan, including proposed funding, on how the Department intends to address health care disparities.

We ask that you handle this request urgently. As HHS Secretary, you have set a goal of eliminating healthcare disparities, and several federal agencies are pursuing initiatives in this area. For HHS to have credibility on the issue of healthcare disparities, you simply cannot tolerate political manipulation of the underlying science.

We request a reply by January 27, 2004.

Sincerely,



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Committee on Government Reform

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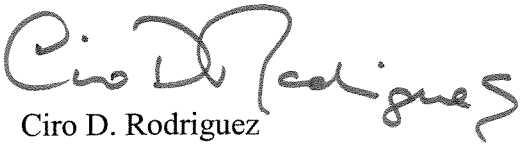

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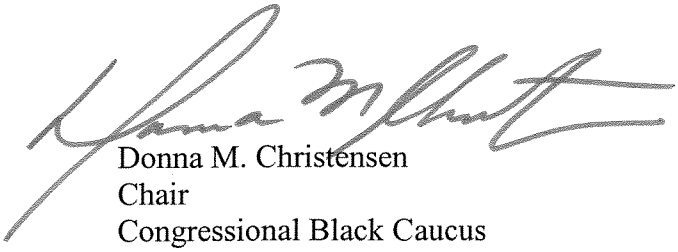

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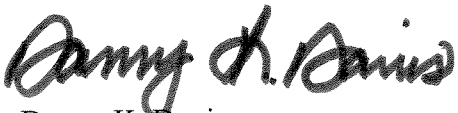

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