



Congress of the United States
House of Representatives
Washington, DC 20515

May 19, 2009

The Honorable David Obey
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Jerry Lewis
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Obey and Ranking Member Lewis:

We are writing to express our strong support for the increase in funding for the Division of Viral Hepatitis at the Centers for Disease Control and Prevention as requested by Representative Mike Honda. An increase in these critical resources will help CDC build the public health infrastructure necessary to make a significant impact in reducing the morbidity and mortality from chronic viral hepatitis.

Viral hepatitis, specifically the hepatitis B virus (HBV) and hepatitis C virus (HCV), is the most common cause of chronic liver disease, liver cirrhosis, and liver cancer in the United States. Viral hepatitis is among the top 10 killers of Americans over the age of 25 and now one of the leading killers of Americans living with HIV/AIDS. Approximately 5-6 million Americans are chronically infected with HBV or HCV. These viruses disproportionately impact minority populations and present a dramatic public health inequity. For example, HCV is twice as prevalent among African Americans as among whites. Asian Americans comprise more than half of the known hepatitis B population in the United States and consequently maintain the highest rate of liver cancer among all ethnic groups. Additionally, African American and Hispanic patients are less likely to be tested for HCV in the presence of a known risk factor, less likely to be referred for subspecialty care and treatment, and less likely to receive antiviral treatment.

Currently, the division does not have adequate resources to provide critical public health functions including education, hepatitis counseling, screening, vaccines or the surveillance that would allow states to better target their resources. Recent hepatitis crises in New York, Nevada,

and Florida have highlighted the importance of investing in prevention and building a sustainable infrastructure to address outbreaks and screen and treat patients more broadly.

Our current federal investment is woefully inadequate. Making this relatively modest investment in the prevention and detection of viral hepatitis is will help get more patients into care, strengthen our public health infrastructure and combat the devastating and very expensive complications caused by viral hepatitis. This represents a key component in addressing a vital public health inequity. There is a far more cost effective way to deal with viral hepatitis and this request is a critical step getting there.

We thank you for your consideration of this important request.

Sincerely,

Barbara Lee

Donna M. Christensen

Byrd

Melvin S. Watts

Joe Brewster

Ronald W. Payne

Marcia A. Tisdale

Elijah C. Cummings

Donna E. Edwards

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