

July 10, 2006

Secretary Michael Leavitt  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Leavitt:

The undersigned scientists, health professionals, and organizations are deeply concerned about the health impact of excessive amounts of salt (sodium chloride) in the American diet and, especially, its disproportionate impact on African Americans.

Many of us have written to you in the past on the importance of reducing sodium consumption to prevent heart attacks and strokes and are disappointed that the Department of Health and Human Services (HHS) has done little. There is virtual unanimity within the scientific community regarding the contribution of excessive sodium consumption to cardiovascular disease, including recommendations to lower sodium in every single edition of the Dietary Guidelines of Americans (published jointly by HHS and the U.S. Department of Agriculture [USDA]), recommendations by the Institute of Medicine to reduce sodium intake by about 50 percent, and the 2003 recommendation in the Seventh Report of the Joint National Committee on the Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) to reduce sodium in the food supply by 50 percent during the next decade. Recently, the American Medical Association adopted recommendations emphasizing the need for at least a 50 percent reduction in sodium in processed foods and restaurant meals and urging the Food and Drug Administration (FDA) to revoke the “generally recognized as safe” (GRAS) status of salt. Furthermore, the 2006 Labor-HHS appropriations report encouraging HHS to “focus on ways – including both voluntary actions by the food industry and regulatory actions by the Food and Drug Administration and the Department of Agriculture – to reduce salt in processed and restaurant foods” has not spurred any action.

As you know, hypertension is rampant in the United States: More than half of Americans over 60 years old suffer from, and about 90 percent of people will eventually develop, hypertension. The contribution of salt to hypertension and hypertension to cardiovascular disease is unquestioned. The importance of lowering sodium consumption was highlighted in 2004 when Dr. Claude Lenfant, then the director of the National Heart, Lung, and Blood Institute, estimated that halving sodium levels in packaged and restaurant foods could save 150,000 lives a year.

The prevalence of hypertension in African Americans is among the highest in the world. According to the American Heart Association:

- 40 percent of African Americans are hypertensive, compared to 27 percent of Caucasians. That disproportionate prevalence of hypertension results in a 1.8

times greater rate of fatal strokes, a 1.5 times greater rate of heart disease death, and a 4.2 times greater rate of end-stage kidney disease than whites.

- In 2003, the death rates per 100,000 people from hypertension were 49.7 for black males vs. 14.9 for white males and 40.8 for black females vs. 14.5 for white females.
- Hypertension is believed to be the underlying cause of death for 30 percent of hypertensive black males and 20 percent for hypertensive black females.
- African Americans develop hypertension earlier in life and at an elevated level compared to whites.

Because blood pressure and the prevalence of hypertension increase with age, senior citizens also would benefit disproportionately from reduced sodium consumption. In some cases, blood pressure could be returned to normal and medications discontinued. In other cases, dosages of medications could be reduced. Considering that Americans spend about \$15 billion annually on medications to treat hypertension, measures that reduce those expenditures would be welcomed by consumers and by taxpayers.

We urge you to respond positively and vigorously to the encouragement contained in the 2006 Labor-HHS appropriations report and to the recommendation in the JNC 7 report. Measures that HHS (partly in conjunction with USDA) could take include:

- seeking funding for a high-profile educational program (like the British government is conducting) to alert people to the cardiovascular benefits of cutting salt consumption;
- using your office as a bully pulpit to press food manufacturers and restaurants to gradually lower sodium levels in their products;
- having the Food and Drug Administration (FDA) revoke the GRAS status of salt and limit sodium levels in various categories of food (as called for by a 2005 petition to the FDA filed by the Center for Science in the Public Interest); and
- having the Surgeon General conduct a workshop and publish a report on what industry, consumers, and government could do to lower sodium consumption.

Thank you for your consideration of these views. We look forward with interest to your response.

Sincerely,

### ***Organizations***

#### ***American College of Cardiology***

*Jennifer Brunelle*

*Senior Specialist, Legislative Affairs*

*Bethesda, MD*

#### ***American Public Health Association***

*Brian Williams*

*Government Relations Director*

*Washington, DC*

#### ***National Medical Association***

*Carla Diggs Smith, J.D.*

*Director, Health Policy and Government  
Relations*

*Washington, DC*

**Individuals**

*Qais Al-Awqati, M.B., Ch.B.*  
*Robert F. Loeb Professor of Medicine*  
*Columbia University, College of Physicians & Surgeons*  
*New York, NY*

*R. James Barnard, Ph.D.*  
*Professor*  
*Physiological Science Institution*  
*University of California, Los Angeles*  
*Los Angeles, CA*

*Henry R. Black, M.D.*  
*Charles J. and Margaret Roberts Professor of Preventive Medicine*  
*Professor of Internal Medicine*  
*Rush University Medical Center*  
*Chicago, IL*

*Carlos A. Camargo, M.D., Dr.P.H.*  
*Associate Professor of Medicine & Epidemiology*  
*Harvard Medical School*  
*Boston, MA*

*Del. Donna Christensen, M.D.*  
*D-Virgin Islands*  
*U.S. Congress*

*Aram V. Chobanian, M.D.*  
*President emeritus*  
*Boston University School of Medicine*  
*Boston, MA*

*Jerome D. Cohen, M.D.*  
*Professor of Internal Medicine (Cardiology)*  
*St. Louis University*  
*St. Louis, MO*

*Sonja L. Connor, M.S., RD, LD*  
*Research Associate Professor*  
*Oregon Health & Science University*  
*Portland, OR*

*William E. Connor, M.D.*  
*Professor of Medicine and Clinical Nutrition*  
*Oregon Health & Science University*  
*Portland, OR*

*Caldwell B. Esselstyn, Jr., M.D.*  
*Preventive Cardiology Consultant*  
*Cleveland Clinic*  
*Cleveland, OH*

*Christopher Gardner, Ph.D.*  
*Assistant Professor*  
*Stanford Prevention Research Center*  
*Stanford University School of Medicine*  
*Stanford, CA*

*Lee Green, M.D., M.P.H.*  
*Professor*  
*Family Medicine*  
*University of Michigan*  
*Ann Arbor, MI*

*L. Julian Haywood, M.D.*  
*Professor of Medicine*  
*Keck School of Medicine*  
*University of Southern California*  
*Los Angeles, CA*

*Jiang He, M.D., Ph.D.*  
*Professor of Epidemiology & Medicine*  
*Tulane University School of Public Health & Tropical Medicine*  
*New Orleans, LA*

*Norman M. Kaplan, M.D.*  
*Clinical Professor of Medicine*  
*Department of Internal Medicine*  
*University of Texas Southwestern Medical School*  
*Dallas, TX*

*Barry J. Materson, M.D., M.B.A.*  
*Certified Specialist in Clinical Hypertension*  
*Professor of Medicine*  
*University of Miami*  
*Miami, FL*

*Dr. James W. Reed*  
*International Society on Hypertension in Blacks*  
*Morehouse School of Medicine*  
*Atlanta, GA*

*Frank M. Sacks, M.D.*  
*Professor of Cardiovascular Disease Prevention*  
*Nutrition Department*  
*Harvard School of Public Health*  
*Professor of Medicine*  
*Harvard Medical School and Brigham & Women's Hospital*  
*Boston, MA*

*Dr. Elijah Saunders  
Professor of Medicine (Cardiology)  
University of Maryland Medical School  
Baltimore, MD*

*Myron H. Weinberger, M.D.  
Professor of Medicine  
Director, Hypertension Research Center  
Indiana University School of Medicine  
Indianapolis, IN*

*Jackson T. Wright, Jr., M.D., Ph.D., FACP  
Director Clinical Hypertension Program and  
Program Director General Clinical Research  
Center  
Case Western Reserve University  
Cleveland, OH*

***Please Respond via:***

*Michael F. Jacobson, Ph.D.  
Center for Science in the Public Interest  
1875 Connecticut Ave., N.W., #300  
Washington, DC 20009-5728  
mjacobson@cspinet.org*