

*Testimony: Linda Blount, President and CEO, Black Women's Health Imperative  
Committee on Energy and Commerce, Subcommittee on Health  
Wednesday, July 29, 2020, at 10 a.m.  
"Improving Access to Care: Legislation to Reauthorize Key Public Health Programs."*

Testimony:

Good afternoon Chairwoman Eshoo, Ranking Member Burgess, and Members of the Committee on Energy and Commerce.

Thank you for the opportunity to appear before this Committee to discuss the Early Act Reauthorization of 2019 introduced by Representatives Wasserman Schultz and Brooks.

I am testifying today as the President/ CEO of the Black Women's Health Imperative and this week we celebrate our 38<sup>th</sup> year as the only national organization solely focused on improving health outcomes for our nation's 21 million Black women and girls.

In this role, and as a Black woman, I see every day how young Black women are disproportionately impacted by this terrible disease and I know we can do more to prevent needless suffering and death from breast cancer through education and early screening.

Black women develop breast cancer on average 5-7 years younger than white women. Until recently, the good news was Black women got breast cancer at lower rates than white women, but as of 2015 that is no longer the case. But that's where the good news ends.

Black women are 40 percent more likely than white women to die of breast cancer. This is in part for three reasons, first, Black women are more likely than other racial/ethnic groups to have aggressive breast cancer subtypes; second, they are less likely to receive the most effective therapeutics for their cancers.

The first is an issue of biology and the second, an issue of behavior. The third reason is why we're here today: Black women die at such high rates is because their breast cancers are too often detected at late stages when treatment of any kind is less effective. And researchers know, that most breast cancers are detectable long before a woman gets a mammogram.

Consider that 30% of all breast cancers in Black women occur under the age of 50 and 18% occur under the age of 45. The CDC projects that for the year 2020, roughly 30,000 breast cancers will be diagnosed in women under 45, and 5,000 among Black women under 45.

We know that early education, awareness, and screening saves lives. When breast cancer is detected early and quality treatment is received, the 5-year relative survival rate is 100% for all women.

If we just increased the rate of screening mammography by 50% among women 45 and under, the survival rate would be increased by an additional 3,000 women every year. That's 700-1000 more Black mothers, daughters and sisters.

That is good news.

Younger women (40-49) are less likely to undergo breast cancer screening than women aged 50-74<sup>5</sup> and they are less likely to have access to the latest digital breast screening technologies including 3-D tomosynthesis which have been shown to detect breast cancers earlier. We must do better to educate and improve access – which is where the EARLY Act comes in.

The EARLY (Breast Cancer Education and Awareness Requires Learning Young) Act, sponsored by Representatives Wasserman Schultz and Brooks, would reauthorize and increase funding originally authorized in 2010, giving needed attention to the education of younger and higher risk women about their breast health. The program not only educates women age 45 and younger on breast cancer risks, but it supports initiatives and research to help identify high-risk women, collect family histories and educate healthcare providers. The EARLY Act has already benefitted women. Mortality rates from breast cancer have dropped in the past 10 years in large part due to early detection.

The need for earlier screening and diagnosis is critical for women with inherited genetic mutations such as the BRCA genes, Ashkenazi Jewish women and women who were treated with radiation therapy for cancer as children or young adults. I add Black women to this list not because biology or genetics but because of the systemic racism that has limited their access to preventive care.

The COVID-19 pandemic is yet another reminder of disparities in our public health approach to the Black community. Black people are at much higher risk of contracting COVID-19 and they are much more likely than White people to die from the virus. We're on the verge of a seismic shift in this country when it comes to valuing Black lives and health. I see a future where we can stop talking about how too many Black women disproportionately and needlessly die from breast cancer. Reauthorize the EARLY Act and make 2020 the year we did what we know saves lives.

Thank you.