The following letter was sent to select Members of Congress from the Women’s Heart Alliance on May 13, 2019.

1 woman dies every 80 seconds. 1,080 deaths a day. 400,000 deaths a year. $1 trillion cost to the health care system.

Today is the start of National Women’s Health week (May 12-18), a week when we celebrate women and make women’s health a priority. Many people are still surprised to learn that heart disease is the No. 1 killer of women in the United States. In fact, heart disease kills more women in the U.S. each year than all cancers combined. And women are at greater risk of dying in the year following a heart attack than are men: 1 in 4 women will die within one year of their heart attack, compared to 1 in 5 men. In 2019, a woman diagnosed with cardiovascular disease will be more likely than a man to do poorly: to live with disability, not get the right treatment, be readmitted to the hospital or become depressed. By 2035, more than 45% of Americans are projected to have cardiovascular disease, with annual costs expected to reach $1 trillion.

At the Women’s Heart Alliance, our mission is to stop women from needlessly suffering and dying from heart disease and stroke. That’s why we’re embarking on a mission to bring broad awareness of this threat to women and drive meaningful change in research, prevention, and care to properly address how heart disease impacts men and women differently.

It’s time for change. It’s time for equity.

Progress is possible. You and your colleagues can be our greatest allies in winning this battle. For the first time in our country’s history, we have more than 100 women serving in Congress. Women’s cardiovascular health can and should become a galvanizing issue, across both sides of the aisle, with the goal to make a life-saving difference in the lives of millions of women.

What We Need Now

**Bold and Breakthrough Cardiovascular Research**
Most of what we know about heart disease has come from research done on men, designed for men. This has greatly benefited men, but women have not fared as well. Meaningful change can happen only when we are willing to push past the norms. Through bold and innovative cardiovascular research, modeled after major advancements in cancer, we will tackle the gender inequity in research head-on.

**Universal Knowledge of Women’s Heart Attack Symptoms**
When it comes to heart disease and stroke, women and men are not the same. Women’s hearts are smaller and their risk factors are different. Yet, less than 50% of primary care physicians and cardiologists feel well-prepared to assess cardiovascular disease in women. Physicians need to be educated on women’s cardiovascular disease. And women need to know their symptoms can be radically different. When we asked women nationwide whether they know heart disease and heart attack symptoms, 8 in 10 knew about chest pain. Far fewer were aware of symptoms many women are likely to have, such as fatigue, jaw pain, nausea and anxiety. We need to make sure every
person in America can recognize and respond to the different symptoms of a heart attack in women.

Join Our Fight

We at the Women’s Heart Alliance are working to change research practices and improve the quality of care women receive for their heart health. We are joined by more than 30 of the most prominent researchers and clinicians in cardiovascular research and care, who have added their voices as members of our Scientific Advisory Board.

We’re asking you to join us on the front lines of the fight to stop women’s cardiovascular disease. With so many women’s lives at stake, there is no time to lose: The time is now to make women a priority.

We believe your engagement and support will make the difference in saving countless lives across the country. We will be leading new educational opportunities on Capitol Hill and will be following up with you and your staff to pursue legislative principles and policies that improve the quality of care women receive for their heart health.

We look forward to fostering an important dialogue and spurring collaborative action with you, including meeting with you and our Scientific Advisory Board members.

Sincerely,

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WHA Medical Advisor, Director of Education and Outreach at the Ronald O. Perelman Heart Institute and attending cardiologist at New York-Presbyterian / Weill Cornell Medical Center

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