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Director, Centers for Disease Control and Prevention

Ashish Jha, MD, MPH
White House COVID Response Coordinator

Xavier Bacerra
Secretary, Department of Health and Human Services

Vivek H Murthy, MD, MPH
Surgeon General of the US

Dear Dr. Walenksy, Dr. Jha, Mr. Bacerra, and Dr. Murthy,

As COVID-19 moves into a different phase, proposals are being made for new national response and future pandemic preparedness strategies in the United States. The undersigned are concerned that like the existing COVID-19 containment strategies, these proposed strategies fail to recognize the pandemic as a *syndemic*. It will be a public health disaster to continue ignoring evidence about the critical role that chronic health conditions, health behaviors, and systemic racism play in creating population vulnerabilities and inequitable severe and fatal COVID-19 outcomes. **We propose the US Centers for Disease Control and Prevention (CDC) convene a multidisciplinary panel to develop a Syndemic Control Strategy that incorporates expertise in health equity, chronic disease treatment and prevention, and behavioral and social sciences, in addition to infectious diseases.** Integrating solutions to synergistically address COVID-19, chronic disease, and systemic racism is essential to the current syndemic control and future pandemic preparedness.

Almost one million deaths in the United States and millions more worldwide, severely overburdened health care providers and systems, and a mental health crisis due to relentless health, financial, employment, social, and educational stressors – these are the realities of the two years of the SARS-CoV-2 public health emergency. Fortunately, rapid development of highly-effective vaccines and treatments, along with widespread, though unevenly implemented, mitigation measures have created the prospect of a new normal of life with COVID-19. In this context, infectious disease leaders in the US proposed new national strategies for pandemic control and preparedness in several recent *JAMA* viewpoints[1-3] and a 136-page roadmap document.[4] However, the undersigned assert that the proposals to date for new strategies have a fundamental flaw of perpetuating the misdiagnosis of the SARS-CoV-2 outbreak as a "pandemic" rather than a "syndemic". This misdiagnosis fails to recognize the interplay of chronic diseases and systemic racism with COVID-19, causing excess and disparate death rates. Accordingly, current proposals overlook health behavior and medical interventions for chronic disease prevention and control and strategies that address health inequities. This reflects a flawed process such that these proposals have lacked input from experts in disciplines other than infectious diseases, such as health equity, chronic disease treatment and prevention, and behavioral medicine and social sciences.

The epidemics of non-communicable chronic diseases (NCDs) and systemic racism predated the COVID-19 epidemic, but now it is essential to respond to all three in a coordinated manner. Early in the COVID-19 pandemic, Richard Horton, editor of *The Lancet*, already identified it as a syndemic and wrote "In the case of COVID-19, attacking NCDs will be a prerequisite for successful containment."[5] About 95% of COVID-19 hospitalizations have been among people with common NCDs, such as heart diseases,

cancers, diabetes, lung diseases, anxiety disorders, and obesity,[6] all of which are disproportionately experienced by people of color. Even when vaccinated, people with breakthrough infections were 44% to 69% more likely to suffer severe outcomes if they had NCDs.[7] It is widely documented that people of color have had persistently higher infection and mortality rates from COVID-19.[8] The clustering of poverty, interpersonal racial discrimination, and systemic racism creates chronic stress among minoritized and systemically oppressed groups (e.g., Indigenous, Black, Hispanic), which means that these groups tend to have higher rates of chronic diseases and live in environments that put them at higher risk of exposure to SARS-CoV-2 and poorer medical care.[8]

Behaviors are central to improving each component of the syndemic, but so far only infectious disease control behaviors – masking, social distancing, and vaccinations – have been addressed at all. Even the health behaviors identified with "conclusive" evidence by the CDC as being underlying conditions, or risk factors, for severe and fatal COVID-19 outcomes, have not been a visible priority for pandemic control. These behaviors are smoking, physical inactivity, and substance use disorders.[9] These, along with dietary and sleep behaviors, are central drivers of most of the NCDs that interact to dramatically increase risk of severe COVID-19. All these behaviors manifest complex patterns of inequities across racial, ethnic, and socioeconomic status groups in the US that resemble the inequities in COVID-19 outcomes.[8]

The syndemic in the US has revealed that our continuing insufficient efforts to address systemic racism and prevent NCDs through health-promoting behaviors have contributed to many likely-avoidable COVID-19 deaths. It must be an explicit goal of new syndemic control strategies to address these factors more comprehensively. Failure to do so would contradict compelling evidence and miss the opportunity to use an additional set of effective intervention approaches that can save lives and reduce inequities.

Recognizing the COVID-19 public health emergency as a syndemic resulting from the confluence of triple epidemics – systemic racism, highly-prevalent and inequitable NCDs, and currently, COVID-19– compels the need for a comprehensive national strategy. It is imperative for the CDC to lead by example and integrate existing programs and resources for coordinated infectious disease and chronic disease management, driven by equity goals. We strongly recommend that the CDC integrate health behavior strategies for NCD prevention and control with COVID-19 vaccination programs and mitigation measures, and use implementation strategies tailored to minoritized and systematically oppressed communities that are informed by input from those communities. CDC has many existing partnerships that can be built upon to develop and implement syndemic control strategies, such as partnerships with patient organizations, state and local health departments, and community-based organizations and community members.

To develop an effective syndemic control strategy, more diverse expertise is needed. Thus, we call for the US Centers for Disease Control and Prevention to establish an interdisciplinary panel that includes the range of expertise and disciplines needed to address the scope of the syndemic. The broad domains of expertise to be represented should include but not be limited to the following:

a. Health Equity
b. Chronic disease treatment and prevention
c. Behavioral medicine and social sciences
d. Infectious diseases

Our hope and expectation is a Syndemic Control Strategy that represents the best expertise in each broad field will serve the American people better than a plan focused on a pandemic model developed by infectious disease experts alone. We hope the proposed syndemic model can become a template for preparing for future public health crises as well.

Sincerely,

Society of Behavioral Medicine
Academy for Eating Disorders
American Heart Association
Association for Behavioral and Cognitive Therapies
Behavioral Medicine Research Council (BMRC)
Coalition for the Advancement & Application of Psychological Science Executive Committee
Consortium of Social Science Associations
The Gerontological Society of America
National Prevention Science Coalition to Improve Lives
The Obesity Society
Preventive Cardiovascular Nurses Association
Society for a Science of Clinical Psychology

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