

Testimony of Laurie Julian
Regarding Committee Bill No. 6002

An Act Establishing An Asian Pacific American Affairs Commission
General Administration & Elections Committee
March 16, 2007

Senator Gayle Slossberg and Representative Christopher Caruso, and members of the Committee, my name is Laurie Julian, J.D., M.P.H. I am a U.S. citizen, originally emigrated from South Korea and a long-time resident of Connecticut. I have experience in the human and civil rights field, and health care policy and advocacy. I urge your support of Committee Bill 6002, to establish an Asian Pacific American Affairs Commission to identify and address the unique needs of one of the fastest growing populations in Connecticut.¹

Asian Americans are exceedingly diverse, coming from nearly fifty countries and ethnic groups, each with distinct cultures, traditions, and histories, and they speak over 100 languages and dialects. The diversity within this category is seen not only in nationalities and languages but also in disparate poverty rates, educational attainment and other socioeconomic characteristics. In particular, language and cultural barriers significantly impact health care access. The cultural fear of Western medicine institutions and procedures results in the avoidance of prevention and screening services. So many fall between the cracks of our health care system and diseases go undetected - without treatment or care.

Nationally overall, the Asian American population is found to have numerous positive health indicators, such as relatively low rates of heart disease, chronic obstructive pulmonary disease, suicide, chronic liver disease, infant mortality rates, pneumonia, and influenza. In terms of potential health concerns, Vietnamese American women have the highest rate of cervical cancer, and the Asian American group as a whole has an elevated cervical cancer incidence rate. Tuberculosis rates are highest among Asian Americans. In some Asian American populations, cancer replaces heart disease as the leading cause of death. This pattern is not seen in other racial and ethnic groups. There are also disparities in various cancer sites that can be measured at the national level by country of origin (See figure below).

On the state level, health and mental health data of Asian American and Pacific Islanders has not been collected and therefore knowledge of health needs have been limited. The establishment of a Commission is a critical part of the solution to addressing health care disparities among this population and partnering with health care organizations, community clinics, and public hospitals and businesses to increase prevention strategies and conducting education outreach.

¹ Asian Americans represent a large and rapidly growing segment of the U.S. population. A recent U.S. Census estimate put their combined numbers at over 11 million people and predicts a better than tripling in population by 2050. In 2005, Asian Pacific Americans represented approximately 3.2% of the total population in Connecticut, making Connecticut the 8th fastest growing Asian Pacific American population in the United States.

In closing, I thank the Committee's introduction of this bill in the formation of a Commission. I would like to recommend a technical addition to Section 1 (b) (1) (A) to also include health care as it is a vital area that affects the Asian Pacific American community. I appreciate the opportunity to provide this testimony. If you have any questions feel free to contact me at (860) 286-0144 or (860) 371-5934.

Figure 68. National Cancer Statistics for Asian American Men and Women

- Cancer has been the leading cause of death for female Asian Americans since 1980. In fact, Asian American females are the first U.S. population to experience cancer as the leading cause of death.
- Cervical cancer is a significant health problem in Korean American women.
- Cervical cancer is the number one incident cancer in Vietnamese women, whereas breast cancer is the number one incident cancer for all other racial and ethnic groups.
- Only 48 percent of Filipino and 41 percent of Korean women receive Pap smear tests within the recommended time.
- Southeast Asian women have higher invasive cervical cancer incidence rates and lower Pap testing frequencies than most other ethnic groups in the United States.
- Young Asian women have lower participation in Pap tests and breast self-exams.
- Breast cancer incidence in Japanese American women is approaching that of U.S. Whites.
- Some studies indicate that approximately 79 percent of Asian-born Asian American women with breast cancer have greater proportion of tumors larger than 1 cm at diagnosis.
- Liver cancer, usually caused by exposure to the hepatitis B virus, disproportionately affects Asian Americans. This is the reason why the third leading cancer among Asian Americans is liver cancer.
- Approximately one-half of women who gave birth to hepatitis B-carrier infants in the United States were foreign-born Asian women.
- Vietnamese men have the highest rates of liver cancer for all racial/ethnic groups.
- The incidence of liver cancer in Chinese, Filipino, Japanese, Korean, and Vietnamese populations are 1.7 to 11.3 times higher than rates among White Americans.
- Korean men experience the highest rate of stomach cancer of all racial/ethnic groups and a five-fold increased rate of stomach cancer over White American men.
- Lung cancer rates among Southeast Asians are 18 percent higher than among White Americans.
- Filipinos have the second poorest five-year survival rates for colon and rectal cancers of all U.S. ethnic groups (second to American Indians).
- Twenty-five percent of Filipino and 38 percent of Korean women receive adequate and timely colorectal cancer screening.

Source: Rev. Paul Lim, BTh, MDiv, Relationship Manager, Rocky Mountain Division, American Cancer Society