WRITTEN STATEMENT:

Testimony and Statement for the Record for

M. Saud Anwar MD, MPH, FCCP

Specialist in Internal Medicine, Pulmonary Medicine, Critical Care Medicine and Master in Public Health

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Honorable Chairperson Slossberg and Chairperson Caruso, Vice Chairperson Meyer and Vice Chairperson Urban and honorable members of the Government Administration and Elections Committee, thank you for allowing me to testify and show my support to the H.B. 6002.

My name is Saud Anwar and I am a resident of the town of South Windsor. I am a physician in the community with specialization in Internal Medicine, Pulmonary Medicine and Critical Care Medicine and have a Masters in Public Health. My scope of practice in medicine and ability to manage critically ill individuals, as well as, my experience in the public health arena, allow me to view diseases directly from the bedside upto the public health policy level. I have been serving in Connecticut for the past 12 years.

Some of the patterns of illnesses that I will share with you have not only been observed by me in clinical practice but have also been studied, reported and published in peer-reviewed journals and are now well documented part of literature.

I remember approximately 10 years ago, managing a young gentleman in his late thirties, who had presented to the hospital with some shortness of breath and chest discomfort. He was admitted to the intensive care unit with life threatening coronary artery disease. It was concerning to see a young person with minimal cardiac risk factors, which included being a male and having a mildly elevated cholesterol, suffering from significant heart disease resulting in critical care management.

I developed an interest to better understand premature coronary artery disease. On reviewing literature, it became clearer that being a South Asian alone is a confounding risk factor for an individual to develop heart disease. Asian Indians and Asian Pakistanis

have an unusually high rate of coronary artery disease. Multiple studies confirm that South Asian men have significantly higher coronary disease mortality than other counterparts. These studies indicate that neither conventional risk factors, insulin resistance parameters nor the current metabolic syndrome criteria can account for this excess risk.

As a practicing pulmonologist I anecdotally noted the disproportionate number of Chinese Americans with lung cancer. Again developing a keen interest in this observation, I studied this further, only to find that the Chinese American community members have the highest mortality rates for lung and bronchial cancer among all Asian subgroups. Lung cancer rates among Southeast Asians are 18% higher than among Caucasian Americans. The average number of cigarettes smoked per day by Chinese American men increases with the time they live in the United States. In fact, research suggests that they may even have higher smoking rates than African American adults.

Cancer has also been the number one killer of Asian-American women since 1980. Among Asian Americans, colorectal cancer is the second most common diagnosed cancer, and it is the third highest cause of cancer-related mortality. The Asian Americans are less likely to have preventive screening for colon cancers.

Time restricts me elaborate on this but there are significant disparities also seen with breast cancer, uterine, prostate, liver and cervical cancer in the Asian American population. Infectious diseases, like tuberculosis and hepatitis B, a concern not only to the Asian Pacific Americans but to all Americans, is much higher in this group.

This should give you a very small glimpse into some of healthcare issues that impact the Asian Pacific American Communities with respect to diseases, education regarding prevention and management of the diseases. The importance of access to care cannot be emphasized enough. The realistic situation on ground makes a strong argument that there is an emergent need to have a mechanism in place to help better prevent, identify and manage these diseases and healthcare disparities. I look forward to your supporting this bill to create the Asian Pacific American Commission in Connecticut.

Thank you for your consideration of my testimony. I can be contacted for any further comments at 860 875 2444 or email: S.Anwar@sbcglobal.net