3/16/2018

Honorable Public Health Committee Members:

This is Zitao Liu, a resident of New Canaan, Connecticut. I am an obstetrician and gynecologist and specialized in infertility treatment. I also got my PhD in reproductive medicine. I am writing to testify against Bill SB 465: “An Act Concerning Disparities in the Health Care system”.

I acknowledge the existence of disparities among the ethnicities. But I strongly oppose to collect the detailed data basing on subgrouping ethnicity origin or nation of origin.

1. These data are not useful for the current medical practice.
   For current medical practice, we don’t have clinical guidelines in the diagnosis basing on the difference of ethnicity, race, and ancestry, of course on the subgroup of ethnicity origin or nation origin. Most of the patients among different ethnicity show similar response to the same treatment protocol.

2. Subgrouping ethnicity origin of nation origin is out of date.
   Genetic information is more important than ethnicity origin and nation origin in modern medical treatment. There is more genetic variation within races than between races. The current definition of ethnicity is arbitrary and ill defined. The concept of culture as distinct from race/ethnicity has been proposed as a better, explanation for differences in health behavior and health outcome. In 2015, President Barack Obama starts Precision Medicine Initiative, which proposes the customization of healthcare, with medical decisions, treatments, practices or products being tailored to the individual patient. In this model, diagnostic testing is often employed for selecting appropriate and optimal therapies based on the context of a patient’s genetic content. But we should take race out of human genetics.

However, I strongly support to improve the health care for underserved population. I also did it in my practice. But I recommend to improve the disparity in health care by different approaches.

Thank you.

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