

## **HEALTH STATUS OF SOUTH ASIANS IN THE USA: A MISPLACED PRIORITY**

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Race and ethnicity are variables that account for some of the observed differences in the prevalence, natural history and treatment outcome of diseases and serve as surrogate markers of unknown factors. Such arguments indicate importance of racial data in medicine. However, a note of caution in its use beyond such a confine is crucial. History tells us that such a social construct has been tarnished by discrimination, prejudice and repression. In medical context, such diversities allow exploration of newer concepts and knowledge. With genetic technology being incorporated in the study of disease, drug development and possibly drug application, the future of medicine will change and role of race and ethnicity will become more important. Looking at the first “ethnic drug” (BiDil) likely to be approved by Food and Drug Administration, the concept is not a fiction any more. Based on 2000 Census, South Asians constitute about 2 million of the US population and are the second fastest growing community. However, information on health status and health need of this community in the country is limited.

**Objective:** To identify available information on health status of South Asians in the USA in scientific literature and health policy initiatives of the US government.

**Method:** Two tools were used: 1. Search of publications on South Asian’s health issues using ‘Pubmed’ data source. Reports from the Indian subcontinent, World Health Organization and United Nations were excluded from analysis. 2. Review of the 2002 annual report of the Racial and Ethnic Approaches to Community Health (REACH 2010) conducted in the minority communities by the US government.

**Results:** The ‘Pubmed’ data revealed 260 articles comprising of 48 (18.5%) from USA, 13 (13.5%) from Canada and 177 (68%) from Great Britain on South Asians. The British reports covered public health, mental health and diverse medical issues including diagnosis, treatment implementation, and disparities in utilization of services. Studies show the South Asians to be greater risk for Coronary artery disease, Diabetes mellitus and metabolic syndrome etc. In addition, community education, access to screening and preventive health is inadequate. However, the REACH surveillance does not categorize South Asians as an identified community.

**Conclusions:** 1. Information on the health status, health related issues and utilization of health services by South Asians is negligible in the USA. 2. Most of the information on South Asian migrant health comes from British investigators. The population is at risk for a number of diseases, and the utilization of community services and education is inadequate. 3. Unlike Britain, the health issues of South Asians have not been adequately addressed in the USA and it is time to do so. 4. In our efforts at understanding the impact of racial, ethnic and cultural variables on medical issues of the *human race* it is crucial that in social construct, genuine respect, tolerance and assimilation of this diversity be nurtured in order to avoid the past mistakes of history.