

City Council Health Committee Hearing
On the Co-Infection of HIV and Hepatitis
**Speaker: Kevin C. Lo on behalf of the
Charles B. Wang Community Health Center**

My name is Kevin Lo and I am a native New Yorker and a second generation Chinese American who has worked in public health for over 10 years. Currently, I continue to serve my community as the Program Manager for Hepatitis B Programs at the Charles B. Wang Community Health Center (the Health Center).

The burden of chronic hepatitis B (CHB) is disproportionately higher in Asian Americans who represent 4.5 million of the U.S. population, yet account for more than half of people living with chronic hepatitis B viral infection.¹ In 2007, the New York State Department of Health reported Asian Americans accounted for approximately half of the CHB cases.² According to the recently released 2010 census, Asian Americans represent nearly 13 percent of the population in New York City³ having grown 32% between 2000 to 2010, in comparison to a 2.1% growth for the general NYC population⁴. At the Health Center, 20-30% of patients screened test positive for hepatitis B. The Institute of Medicine report on Hepatitis and Liver Cancer cites studies that show routine testing for hepatitis B is cost effective. Yet two-thirds of chronically infected Asian Americans are unaware of their status because they have not been tested. However, with education, screening and vaccination many cases can be prevented. Routine monitoring of chronic patients can prevent liver cancer and cirrhosis.

Treatment of hepatitis B for a patient on medication can cost approximately \$10,000 per patient per year. The cost and lack of availability of services causes a barrier for uninsured, low-income patients. In 2008, the New York City Council discontinued \$1.5 million in funding to the Asian American Hepatitis B program. The Health Center was a major partner in this program. The end of funding has forced the Health Center to cancel community screenings and vaccination programs. We have been able to raise some foundation funding to treat 450 uninsured patients with chronic Hepatitis B infections, but we have more than 2,000 active patients in our Hepatitis B registry and 100 priority patients on our waiting list who need treatment. Moreover, we know that foundation funding is not a sustainable solution to the need for affordable care for uninsured Hepatitis B patients.

For many Asian Americans, hepatitis B transfers from mother to baby during birth or from one individual to another during early childhood. The Health Center and the New York City Department of Health Perinatal Hepatitis B Prevention Unit have worked together for many years to screen, educate and vaccinate household contacts of expectant mothers who need culturally and linguistically appropriate care. This valued relationship was challenged when the New York City Department of Health discontinued hepatitis B testing. Due to the importance of

¹ <http://www.iom.edu/~media/Files/Report%20Files/2010/Hepatitis-and-Liver-Cancer-A-National-Strategy-for-Prevention-and-Control-of-Hepatitis-B-and-C/Hepatitis%20and%20Liver%20Cancer%202010%20%20Report%20Brief%20for%20Providers.pdf>

² http://www.health.state.ny.us/diseases/communicable/hepatitis/docs/chronic_hepatitis_b_and_c_annual_surveillance_report_2008.pdf

³ <http://www.nyc.gov/html/dcp/pdf/census/nyc20001.pdf>

⁴ <http://www.aafny.org/cic/briefs/newyorkbrief.pdf>

perinatal screening, the Health Center has asked uninsured patients to share in the cost of screening and vaccination, and is seeking additional funds to offset the cost of this program.

Funding from the city for community education, screening, vaccination and treatment are necessary to sustain the programs for hepatitis B in underserved communities. In a growing, highly transient and often low-English proficient population, screening and regular care is already challenging and is further compounded by the lack of resources and funding.

I would like to mention that along with the Asian American community there are many other underserved and underrepresented groups affected by Hepatitis B including African, Russian, Hispanic and men who have sex with men (MSM) communities. I join my fellow speakers in recommending to the NYC Council Health Committee that they provide \$3 million dollars for a NYC-wide pilot comprehensive program for testing, linkage to care, clinician training, and support services as well as further hearings on viral hepatitis.

I hope that my testimony today has helped in liberating the Asian American community from the “Other” category and provided the Health Committee with some education on the burden of hepatitis B on the Asian American community and other underserved communities. Thank you for your time and attention.