

# Letters to the Editor

## Pacific Health Dialog and the training of indigenous health scientists

It is regrettable that the publication *'Ethnicity and Disease'* was recently forced to discontinue circulation due to lack of funding. Although the journal was not specifically focussed on the health issues of Asian and Pacific Islander populations, its primary objective was to offer interesting cross-cultural and international perspectives on health that are lacking in several mainstream periodicals.

Outside the realm of infectious diseases, we now have just three journals specifically aimed at publishing papers on the public health issues of Asians and Pacific islanders, each with a specialized population emphasis and/or geographic focus:

- *The Asia-Pacific Journal of Public Health*, based in Singapore, which draws most of its papers from research in East and Southeast Asia, as well as South Asia, occasionally from the Pacific basin
- *The Asian American and Pacific Islander Journal of Health*, based in Ohio, U.S.A., which is interested in publishing papers on the health of about 8 million American Asian and Pacific Islander populations
- *The Pacific Health Dialog*, based in New Zealand/Fiji, which targets the 'confetti' of island nations and atolls scattered over more than 8,000 miles between Australia and California, U.S.A., with a total population count of more than 8 millions<sup>1, 2</sup>.

Clearly, all three journals — most specially the latter two because of their infancy — deserve our strongest support, financially and professionally.

The Asian and Pacific Islander Americans Health Research Conference held in Honolulu, Hawaii, on January 7-10, 1996 under the sponsorship of the National Institutes of Health, underscored the need to have more journals that publish papers on the health of Asian and Pacific islander Americans. Many Asian and Pacific Islander health profes-

sionals, public health researchers and social scientists felt that their work were trivialized by the mainstream journals of health when papers were rejected for publication not because they lacked scientific rigor or public health significance, but because they reported findings that were already known from studies of the majority American population, or were only of 'local interest' and/or they lacked generalizability to the majority populations of the United States. Asians or Pacific islanders, be they citizens of the United States or of the independent island nations in the Pacific basin, deserve to have a separate and focussed attention for their unique contributions to public health and community medicine.

A research gap exists precisely because the Asians and Pacific islanders living in the Pacific regions are small in number, and their health problems are ill-understood by, or of little concern to, the majority researchers. We now have journals that understand that replication of research across varying ecologies and ethnic groups are scientifically important in and of themselves, and that repetitive studies help to confirm or clarify the universal aspects of disease patterns and health conditions. They provide useful information on

the internal validity and reliability of existing hypothesis and observations across diverse populations-so long as these research meet the scientific and ethical standards that we all embrace.

The experience of half-a-century of research on the etiology of amyotrophic lateral sclerosis (ALS) in Guam where not a single Chamorro is said to have become a

scientist on the neurobiology of ALS or related dementias is unfortunate<sup>3, 7, 8</sup>. (*Congressional citations were awarded to four Chamorros acknowledging their contribution to the ALS studies - personal communication with Leonard T. Kurland, January, 1996*). What occurred in Guam reflects the time-bound 'accepted' practice of an earlier era of research relationship between the U.S and indigenous professionals and also underlines the long-term adverse consequences of scientific pursuits when the infrastructure for research training was inadequately developed by the investigators and the funding agencies. There were no schools of medicine in Guam from which one could recruit indigenous physicians to become research scientists. The process of selecting and sending trainees to the 'Mainland' had its limits and difficulties. Fifty years is a long-time to leave research training in a state of underdevelopment. the inertia has bred community animosity towards researchers.

A more recent experience involving the publication of a landmark study reporting the efficacy of yeast recombinant hepatitis B vaccine (Recombivax-HB) in the continental

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United States where at least 49 physicians—predominantly Asian Americans—were acknowledged as co-investigators and data gatherers, illustrates yet another sensitive issue in research training<sup>9</sup>. Given the geographic distribution of Asian Americans across the continental United States and the difficulty of finding sufficient numbers of Asian babies to use as subjects in a vaccine-efficacy trial, it was necessary to pool data from several local clinics that served the medical needs of mostly non-English-speaking immigrant Asian patients. Given the supposed 'over representation' of Asians in the medical schools, there clearly was a pool of available and qualified potential trainees for research.

Active participation in a clinical trial is a unique research opportunity that even most doctorate students in public health do not always have. Were the Asian physicians who worked at the clinics to recruit babies as subjects for the Perinatal Vaccine Study Group mentored to become researchers? To this day, questions still arise as to what happened to the career patterns of these well-qualified Asian physicians who participated in the clinical trial that established the efficacy of the Recombivax HB vaccine? How many of the 49 physicians co-investigators acknowledged in the JAMA paper became research scientists? It would minimize the rage of community activists if we know that mentoring relationships exist.

Both situations described above provide evidence of the relative neglect given to the training of indigenous scientists in research on special populations over a span of 50 years, even though the assistance of the trainees were acknowledged. There is obvious need to recruit, train, and mentor research scientists from amongst the indigenous populations through collaborative projects, and not just to use the local talents as translators, facilitators, navigators, cultural brokers, data collectors, or research assistants - as so often happened. Hopefully, the Pacific Health Dialog will continue to provide a forum for scientific communications among researchers who share a common interest to promote the health of the Pacific communities. The journal's continuing operation is an excellent training ground for future indigenous scientists. It is not only critical that the work of the emerging indigenous scientists be published, it is even more crucial that their work be placed under the rigorous process of peer reviews, be improved upon by experienced scientists, and be continually challenged by future generations of trainees and scientists.

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## Hemophilia survey

I wish to commend you on your September, 1995 issue of PHD. I have long felt that AIDS and STD are bombs with a very short fuse. PHD has done an excellent job of providing an overview of the issues and raises a flag about what must be done.

It may be of interest to you and your readers to know about a survey that we have compiled to determine the severity of haemophilia and von Willebrand Disease. The Haemophilia Foundation of Hawaii, in concert with several

other non-profit organizations including the Pacific Basin Development Council, and the U.S. Public Health Service, Region IX and the Haemophilia Program, Children's Hospital, Los Angeles obtained a grant to develop a survey. The survey will target the underserved population in American Samoa, Guam, the Commonwealth of the Northern Marianas, the Republic of Palau, the Federated States of Micronesia (Yap, Chuuk, Pohnpei and Kosrae) and the Republic of the Marshall Islands.

While there is no cure for either of the diseases, there is a need to educate the medical communities so that they can identify and understand the implications. There is also a need to educate those with the diseases so that they can lead a more productive and normal life.

We will keep you apprised of the results. Again, my congratulations on a great job.

*Jerry B Norris*  
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## Use of theatre in AIDS prevention

We omitted to mention in our article on the use of theatre in AIDS prevention the Pacific (PHD Vo. 2 No. 2, 1995; pp

162-167) that this was a draft being prepared for publication in booklet form. Since publication in PHD, the information has been extensively updated and corrected and is now available as an illustrated booklet. For copies, write to : PIASSP, South Pacific Commission, B.P. D5, Noumea 98848, New Caledonia.

*Patricia Sheehan, AIDS Documentalist, South Pacific Commission, New Caledonia.*

**“ We have enjoyed the very professional and practical approach adopted by the *Pacific Health Dialog* to date and look forward to further ‘dialog’ in the future.”**

## Congratulations

Mike Lynch of the Pacific Paramedical Training Centre at Wellington Hospital directed me to the journal *Pacific Health Dialog*. I read your journal with interest and congratulate you on the quality of the journal.

*Rob Siebers*  
Editor  
The New Zealand Institute of Medical Laboratory Science

We have enjoyed the very professional and practical approach adopted by the *Pacific Health Dialog* to date and look forward to further ‘dialog’ in the future.

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**A fresh food market**