Carl W. Lehman MD

The problem of vog exposure is of special interest to me. As an allergist, I have been interested in the effects of various types of smoke on the allergic patient, especially the asthmatic patient who is often allergic or hyperreactive to exposure to many chemicals. I studied the effects and skin sensitivity of patients exposed to sugarcane smoke and also to firecracker smoke and published articles in the June and November 1976 issues of the HMJ. At that time, I wondered why an extract of sugarcane smoke could produce positive skin-test reactions, but the firecracker smoke extract did not. Yet, most severe allergy patients dread exposure to firecracker smoke. Subsequently the study of metasulfites, sulfur dioxide, and related compounds revealed that 10% to 15% of asthmatics are highly sensitive to sulfites, often not an allergic reaction but probably due to a deficiency of sulfite oxidase. They further showed that administering vitamin C or cyanocobalamin (Vitamin B12) decreased the patient’s sensitivity. I surmise that firecracker smoke and vog have a high concentration of sulfur dioxide.

I have consulted in Hilo one or two days every month for more than 20 years. Aggravation of allergic symptoms and asthma from exposure to vog have been perceived by many of these patients. Based on the above information, I often have prescribed vitamin C 2000 mg to 3000 mg per day for patients exposed to vog. I have never studied the results, but I believe a good double-blind study should be done to further evaluate this premise.

In last month’s HMJ, Dr Yokoyama’s column included a reprint of my comments about the Medicare-Medicaid Entitlement Programs in the Honolulu Star Bulletin. That article evolved as a consequence of a presentation I had made in November 1995 at a half-day session organized by Representative Suzanne Chun-Oakland. I was asked for any proposed solutions to keep the Medicare and Medicaid Programs viable with governmental cutbacks in funding.

I believe there are multiple components that make the welfare program unaffordable. Many speakers at that conference have continued to meet regularly to further discuss the problems with Dr Susan Chandler. We keep addressing the theme of budgetary cutbacks. I say, help welfare recipients become self-sufficient and individually responsible so they no longer need welfare assistance. We are likely to pay more in criminal costs than we save by dropping welfare recipients from the program without first training them to be self-sufficient. A dependency on the system has been created by giving monetary assistance without providing training and assistance in character development. These changes could not be readily implemented, but in the long run, I believe are necessary.

I believe we need a mechanism within our capitalistic society to deal with individuals who depend on the welfare program, which includes Medicaid. The Medicaid system simply cannot provide the ever-increasing demands with concomitant decreased funding. I reported that physicians in Hawaii are treating these patients at or near operating costs, that further reduction of reimbursements to physicians is likely to force more physicians to stop participating with Medicaid and create a real access to care problem.

I recommend that programs be developed that require a welfare recipient to agree to work and/or be job trained in order to become self-sufficient.

Our society should neither allow nor support illicit drug use and unhealthy lifestyles by welfare recipients. In my opinion, such recipients must be willing to accept the responsibility of complying with rules or receive no benefits.