Look carefully at sashimi

Anisakiasis should be one of the more common afflictions in Hawaii, considering the amount of raw seafood consumed by our people.

The *Journal* had an extensive review article on the subject in its January 1991 issue; however, we cannot resist publishing a follow-up.

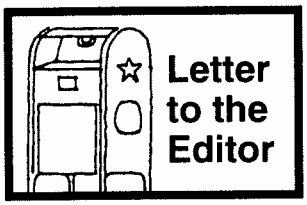
JABSOM student Joy Hiramoto, who is about to receive her MD and graduate from the school, produced the article in the current issue under the aegis of Jinichi Tokeshi.

Not only was the diagnosis remarkable in that the patient made it (he was a physician, after all!), but we would like to challenge any of our readers to find that worm on the photocopy of the film.

Sorry, there is no monetary reward for doing so.

And, what did happen to the worm?

J. I. Frederick Reppun MD
Editor



A response

To the Editor:

On behalf of Papa Ola Lokahi (POL), I would like to express our appreciation for the editorial in your November 1990 (Vol. 49, No. 11) issue of the *Hawaii Medical Journal,* bringing the attention of your members to our efforts to improve the health of Hawaiians through the Native Hawaiian Health Care Act (Public Law 100-579) (hereinafter referred to as "the Act").

We also appreciate the editorial's closing statement that "the Hawaii Medical Association (HMA) is willing and able to help *Papa Ola Lokahi* whenever we are asked to do so." I have in fact met several times with your Native Hawaiian Committee over the past year and a half and will identify what other actions the HMA might take. First, however, I would like to respond to some of the specific assertions contained in your editorial.

First, on your editorial's statements that POL has "only 5 members," and that "(n)otable in an organization that is to plan health care is the absence of a physician (not even a *Kahuna Lapaau!*/Ed)." POL is an organization created by the Act, and is statutorily determined as being comprised of the 5 organizations listed in your editorial: Alu Like, Inc., E Ola Mau, the Office of Hawaiian Affairs, the Office of Hawaiian Health of the State Department of Health and the University of Hawaii. We have 2 health professionals on the Board. The representative from the Office of Hawaiian Health of the State Department of Health is Fern Clark, the Office's Director and a nurse; and E Ola Mau's representative is Nanette Judd, its president and also a nurse.

As for "the absence of a physician," I am POL's Executive Director and am a physician as well as a lawyer. As for "an organization that is to plan health care," I also chair the Long-Range Planning Committee of the John A. Burns School of Medicine.

More importantly, 3 of the 5 Native Hawaiian planning committees that have been established are chaired by allopathic physicians, and all are Hawaiians and graduates of the John A. Burns School of Medicine. They are R. Wayne Fukino MD, of Kaua'i, Noa Emmett Aluli MD, of Moloka'i, and Joseph Kamaka III MD, of Maui. The co-chair for O'ahu is Mitchell Eli DC.

Second, your editorial states that "the total appropriation is $2.6 million the first year, $6 million the second year and $11 million the third year," and also states that "Federal funds became available in FY 90, ie in October 1989, initially for *Papa Ola Lokahi's* organizing and planning process to the tune of $100,000 for its administrative effort and $700,000 for the development of the Master Plan." One might infer from these statements that POL has chosen to spend only $800,000 of $2.6 million in the first year in which funds became available.

In the legislative process, when a law is enacted, this *authorizing* legislation specifies the *maximum* amount of funds that can be made available in each year. As each new fiscal year approaches, the legislature specifies the amount to be actually *appropriated.* In the first year, $2.6 million was *authorized,* not appropriated; similarly, in year two, the authorized amount was $6 million, and in year three, $11 million. Appropriations seldom, if ever, equal the authorized amounts. In the first year, $800,000 was the amount actually *appropriated* by the U.S. Congress, compared to the authorized amount of $2.6 million. Our fiscal year 1991 appropriations are $2.7 million, out of an authorized level of $6 million. Of the $2.7 million appropriated, $2.3 million is for initiation of services, to be applied for and granted to each island's Native Hawaiian service delivery system. The remaining $400,000 is

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for POL's various activities.

Additionally, the $2.6 million in authorizations for the first year were specified for the following purposes: a) $700,000 for development of a Master Plan, b) $900,000 to plan for up to 9 health systems throughout the state, and c) $1,000,000 for all other POL responsibilities. As your editorial states, our actual appropriation was $800,000; but in addition to POL's organizing and planning, and development of a Master Plan, these funds were also to cover the costs of planning the health delivery systems. We have allocated $525,000 of the $800,000 to planning of these systems.

The $800,000 did not become available in October 1989. That was the *beginning* of the 1990 federal fiscal year. We received instructions from the federal government for writing our grant proposal in April 1990; we responded by the end of that month and were notified of acceptance of the proposal and received our first payment of the $800,000 in July 1990. We were fortunate in being able to start our initial activities in July 1989 with $200,000 that the Hawaii State Legislature provided. (For a more detailed explanation of the funding history, please see the December 1990 issue of the Office of Hawaiian Affairs' newsletter, *Ka Wai Ola O Oha*).

Third, we are acutely aware that "the (master) plan (should) meld into the existing health care system, especially with the introduction of the State Health Insurance Program (SHIP) enacted into law by the Hawai'i State Legislature earlier this year."

To quote from the summary of the Master Plan document which we distributed in November 1989 and which your editorial states that Dr. Mills has studied in-depth:

> "In addition to the health services provided under the Act, there exists and will continue to be a need for other State, Federal, and private efforts directed at improving the health of Native Hawaiians. Therefore, *a comprehensive health-care master plan must take these other resources and services into consideration,* and the following objectives must be met in order to address the health needs and improve the health status of Native Hawaiians: 1) assessing the health status and health-care needs of Native Hawaiians living in Hawai'i; 2) planning and establishing the resources and services that are called for under the Native Hawaiian Health Care Act; 3) *identifying and evaluating all other current and planned health resources and services for Native Hawaiians;* 4) *coordinating these various resources and services;* and 5) developing monitoring and evaluation systems in order to improve and create health resources and services and to measure progress toward improving the health of Native Hawaiians (emphasis added)."

As for SHIP, you can be assured that we are well aware of the interrelationships between the Act, SHIP and our Master Plan. I represented both POL and the School of Medicine on the SHIP committee advisory to the Department of Health throughout the Department's planning and implementation of SHIP.

Fourth, your editorial states that "*Papa Ola Lokahi* would do well to avoid discrimination in reverse to raise its ugly head." This is accompanied by a warning to POL that "the matter of establishing primary health-care centers ... smacks somewhat of establishing another tier of health care ... ie of a different quality. This is not desirable. However, if this mandate in the Act can be stretched to allow Health-Care Centers or Organizations to farm out services to existing primary care facilities, then it might not be so difficult to implement the Act."

Services under the Act will be under the management and control of Hawaiians, and planning is being conducted under the direction of Hawaiians, who are striving to create health services that are special and uniquely Hawaiian. There is no need to lecture POL and the island planning committees in such patronizing language.

Furthermore, the mandate of the Act need not "be stretched" to achieve this purpose. In fact, our plans for providing primary care (the 3 broad service areas under the Act are primary care, health promotion and disease prevention) are quite similar to the editorial's hopes, although I would not characterize these primary care services as being "farmed out." We want the beneficiaries of the future Native Hawaiian systems to have a choice, and we want providers of services to be sensitive to the culture and style of Hawaiians.

This brings me to the identification of actions that the HMA could take to assist in realizing the objectives of the Act.

As stated earlier, I have had several meetings with the Native Hawaiian committee of the HMA, which was first chaired by Dr George Mills, and now by Dr Ernest Bade, who is also president of your Hawai'i County Medical Society. Dr. Bade attended the most recent meeting of the Hawai'i Island Planning Committee on November 26, offering your Association's assistance. Previously, at an August 8 meeting between your committee and myself, we discussed ways of directly involving more physicians in the island planning committees. I subsequently wrote a short article for your newsletter, describing our efforts and asking physicians to contact POL if they were interested in participating in the planning activities on their respective islands. We received only a single inquiry, from a physician on Maui. So we need to explore other ways of getting more of your members interested in direct participation.

Finally, we do not want to limit our beneficiaries' access to "existing primary care facilities" to those providers who serve primarily the economically disadvantaged and medically underserved. We want to avoid placing our beneficiaries not only in "another tier of health care," but also in the lower tier of current services.

One of the requirements of the Act is that our systems and those providers to whom services are "farmed out" must be participants in Medicaid. Thus, *the most important action the HMA could take* in helping "to avoid discrimination in reverse to raise its ugly head" *is to encourage your members to increase their participation in the Medicaid program.* Let us not be satisfied in this undertaking until Native Hawaiians have access to the services of all physicians in Hawai'i.

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The editor responds:

We bid Dr Miike's pardon in failing to recognize his status as a physician and a lawyer. We are also appreciative of his clarifications.

J. I. Frederick Reppun MD
Editor