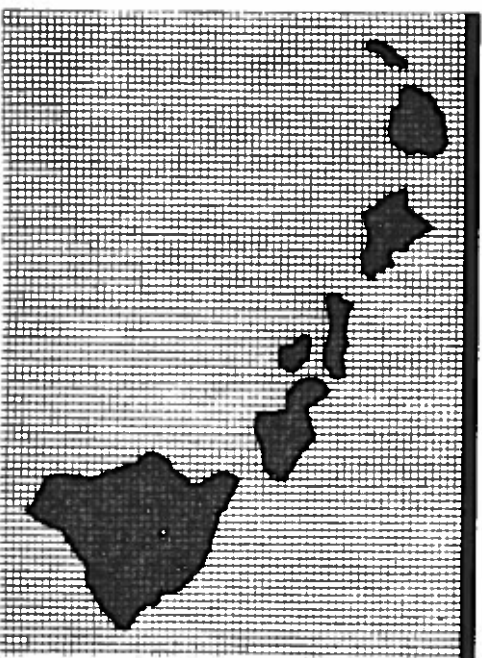

A 40 YEAR HISTORY OF PUBLIC HEALTH and the HAWAII PUBLIC HEALTH ASSOCIATION

1945-1985



• HENRI P. MINETTE, DR. P. H.

WALTER B. QUISENBERRY, M.D., MPH

Health Promotion & Education Office
State Health Planning & Development Agency
Hawaii State Department of Health

**A 40 Year History
of
Public Health
and the
HAWAII PUBLIC HEALTH ASSOCIATION
1945-1985**

Henri P. Minette, Dr.P.H.

Walter B. Quisenberry, M.D., M.P.H.

**Health Promotion and Education Office
State Health Planning and Development Agency
Hawaii State Department of Health**

FOREWORD

There is no better way to celebrate a 40th anniversary of the birth of the Hawaii Public Health Association (HPHA) than to look back over the years of activity. Evaluating achievements is rewarding. Hindsight often provides clues for future actions as well as clear and urgent mandates for future programs. It, therefore, gave the Executive Board of HPHA great pleasure when Doctors Henri Minette and Walter Quisenberry accepted the challenge of writing the Association's history. Dr. Minette, a charter member, and Dr. Quisenberry, who joined HPHA in the third year (1947) of the organization, were the perfect choices for the task. The following pages bear witness to this statement.

The history of public health and the Department of Health are entwined with the history of HPHA. The issues of disease control and environmental protection became the Association's agenda in 1945. They will continue to be the priorities for HPHA activities in our community and legislative education efforts, program appropriation support and public policy development. This anniversary commemorative report, then, appropriately deals with public health issues in two sections: Disease Control and Environmental Protection. Although it is impossible to separate disease control from environmental protection, but for ease of composition, "poetic license" is exercised in so doing.

We sincerely appreciate the fine efforts of the historians, the editors and the contribution of the Department of Health in putting together this commemorative report.

Sylvia L. Levy
President

May 1985

About the Authors:

Henri P. Minette, Dr.P.H., was the Laboratory Director from 1969 to 1971, and the first Deputy Director, Environmental Health from 1971 to 1974 of the Hawaii State Department of Health. He was Laboratory Administrator of the Island of Hawaii from 1944 to 1969. He was a charter member, and president of the Hawaii Public Health Association in 1971. He is a 45-year member of the American Public Health Association.

###

Walter B. Quisenberry, M.D., MPH, was Chief, Venereal Disease and Cancer Control from 1947 to 1954, and Director of the State Department of Health from 1966 to 1974. He was Executive Director of the Hawaii Cancer Society from 1954 to 1958. He was president of the Hawaii Public Health Association in 1956, and served as HPHA's representative to the Governing Council of APHA from 1966 to 1970. He is a 42-year member of APHA.

THE MORE THINGS CHANGE, THE MORE THEY STAY THE SAME

A 40th Year History of Public Health in Hawaii
and the Hawaii Public Health Association
1945-1985

INTRODUCTION

The first Annual Meeting of the Hawaii Public Health Association (HPHA) was held on April 24, 1945. One author of this endeavor, Dr. Henri P. Minette, was a charter member. The other, Dr. Walter B. Quisenberry, joined two years later. Kaarlo Nasi, a sanitary engineer with the U. S. Public Health Service was the first president and Dr. Samuel D. Allison was elected secretary. The committee that helped organize this first meeting included Theodore Rhea, Director of Palama Settlement; Dr. Richard K. C. Lee, and Bernard J. McMorrow of the Territorial Health Department and others.

Mr. Nasi stated in his foreword to the proceedings of the HPHA's annual meeting that its organization was quite timely for two important reasons. First, he stated, "There was a wealth of public health personnel in the military services here, many of whom were able to assist in the planning of the organization." Nasi also noted that, "In addition the need for postwar health plans is imperative." The purpose of the Association as stated in the first Constitution was "to aid in the promotion and protection of public health and to provide for the professional advancement of members." Although we have changed our emphasis and programs over the years, our reasons for being have not changed much in basic intent.

Dr. Charles L. Wilbar, who was the head of the Territorial Department of Health as well as President of the Board of Health, gave the address of welcome to the first annual meeting of the HPHA. He recognized that Hawaii had some health problems that were peculiar to the Territory, and that our approach to these should be unique. Since our geographic location might prevent us from attending mainland meetings, he stressed the possibility that HPHA could assist in keeping members up-to-date on recent developments by bringing information from national meetings and conferences. The needs that Dr. Wilbar emphasized have not changed, and this is still an important function of HPHA.

THE DISEASES, PREVENTION AND CONTROL

TUBERCULOSIS CONTROL

At this historic 1945 meeting of the HPHA, Dr. Robert Marks, who was the Director of the Bureau of Tuberculosis in the Territorial Board of Health, gave a report titled "Outlook on Tuberculosis Control." Dr. Marks quoted Dr. Thomas Parran, Surgeon General of the U.S. Public Health Service, who said, "Tuberculosis can be eliminated as a public health problem in a measurable time, if we use x-ray to locate every case—and if we provide adequate facilities and personnel to isolate and treat infectious cases . . . For the first time our technological progress makes this goal practical."

In spite of the progress made in the last 40 years in case finding, isolation, and chemoprophylactic treatment, tuberculosis continues to be a serious public health problem in Hawaii. A considerable number of the new cases found are among new residents of the State. With the use of chemotherapy, the incidence and mortality rates among long-time residents have been reduced.

Dr. Marks stated in 1945, "we are of course hoping for the development of a safe and sure way of immunization." The search goes on.

In addition to Dr. Marks, several of our officers and other members have been full or part-time workers in Tuberculosis Control. Their contributions to the work of the Association and to the health of the people of Hawaii are recognized and appreciated.

In 1985, priorities may have changed, but tuberculosis control continues to warrant HPHA's attention, although forty years later, tuberculosis is not on the agenda for HPHA's annual meeting.

VENEREAL DISEASE CONTROL (SEXUALLY TRANSMITTED DISEASE CONTROL)

During World War II and well into the post-war years, much attention was given to venereal disease control in the form of funds and workers. The people working in the program sometimes joked about "trying to make the world safe for sexual promiscuity." Sometimes they were teased about "making a living on prostitution." There was enthusiasm among the workers and progress was made in epidemiology, early case finding and early treatment of venereal diseases. The U.S. Public Health Service assisted the states and coordinated efforts nationwide.

Many of the earlier public health workers in Hawaii got their start in the venereal disease control program. Dr. Samuel Allison pioneered the effort here and actually recruited many public health workers to Hawaii. The authors of this report were encouraged by Dr. Allison and were active in many aspects of this program.

After World War II ended, the interest in venereal disease control decreased, the number of new cases decreased and the program almost disappeared. However, it wasn't too long before the number of cases began to increase. Gonorrhea became a serious problem again, for example, because the causative organisms became resistant to the commonly used antibiotics. New antibiotics have been developed, but this is still a problem.

In addition to a resurgence of the old time diseases such as syphilis and gonorrhea, and previously unrecognized chlamydia, new ones have appeared. No effective treatment has been found for these new diseases. Genital herpes is one of the common new diseases. Acquired Immune Deficiency Syndrome (AIDS) and its more serious component, Kaposi's Sarcoma, are considered incurable now. The emergence of these new diseases has caused much speculation as to their origin.

The venereal diseases have now been renamed Sexually Transmitted Diseases (STD). Perhaps this is progress since the new name is more epidemiologically specific. The search for vaccines for the sexually transmitted diseases continues but very little progress has been made thus far. As we contemplate the future, we perhaps should ask, "Are we any closer to the elimination of these diseases than we were 40 years ago?"

STD attracted media attention and has been the subject of many medical meetings. It is a public health issue addressed by the Department of Health. HPHA has left this problem to the official agencies in order to concentrate on problems that affect larger sections of the population. However, VD was on the annual meeting agenda as recently as 1972 and 1978.

MENTAL HEALTH

At the second annual meeting of the HPHA in 1946, Dr. Martha MacDonald, Child Psychiatrist with the Bureau of Mental Hygiene of the Territorial Board of Health, gave a report titled, "Changes in the Mental Hygiene Programs." Dr. MacDonald pointed out that mental hygiene ("mental health" was eventually adopted to replace "mental hygiene") programs consisted principally of inpatient care and there was very limited interest in outpatient programs. She noted also that most attention was given to treatment and not to prevention in any true sense of the word.

At the time of that meeting, the population of the Hawaii Territorial Mental Hospital was about 1250. Eventually more attention was given to prevention and outpatient treatment programs. In time, the census of the Mental Hospital decreased to between 200 and 300 as the outpatient programs were greatly expanded. Some problems were encountered but emphasis is still placed on outpatient care as much as possible.

In line with Dr. MacDonald's expressed concern, during the ensuing years, increasing emphasis has been placed on prevention of mental and emotional illness. Progress has been slow but steady in spite of massive changes in our society.

In recent years, more and more mental health workers are more concerned with the proper management of the mentally ill person who commits a crime. This presents future challenges in law and legislation to the total community.

Another important problem that mental health workers have become involved in is substance abuse. It has been given attention at our Association meetings in the past, and is apparently increasing as a problem.

Suicide is an old problem in mental health. However, it has recently increased in the teenage population and is now a major cause of death in this group. Suicide prevention centers have been developed, but much more attention is needed.

Mental health and mental illness have always held a prominent place on HPHA's annual meeting agendas. Some topics have been: Mental Hygiene in War Emergency; Community Institutional Care of the Mentally Ill; Stress in the Community, Nature & Management; Stress Management in a Multiracial Population; Diagnosis As A Predictor of Violence; Preventive Involvement by General Pediatrician in a Military Community Child Abuse & Neglect Program; Barriers to Women In Mental Health Service; The Direction of Mental Health in the 80s; Crime & Violence & Its Ramifications; Effecting Positive Health Behaviors, and Mental Health Epidemiology & Planning.

MATERNAL AND CHILD HEALTH

During the past forty years, maternal and child health programs have received considerable attention in the meetings and activities of this Association. Dr. Katherine Edgar who served as president of the Association in 1962, worked with many members of the community and HPHA in promoting these programs. There is good precedent for endeavoring to improve the status of mothers and children going back many decades. Such basic programs as pre-natal care and the prevention of "child bed fever" come to mind.

The feeding of newborn children has received much attention. "Wet nurse" programs represented some of the first attempts aimed at being sure the babies received mother's milk when the natural mother could not nurse her child. Hawaiians were active in these programs and babies were sometimes fed by several nursing mothers. The present "mother's milk bank" in Honolulu was a natural outcome of these earlier programs. There was a time when there was a trend toward mothers not breast-feeding their babies, perhaps because of the desire for freedom on the part of the mother to pursue other activities, such as work outside the home. This trend is being reversed somewhat.

Planned parenthood has been given much attention in recent years. This has prevented many unwanted pregnancies. Since the best planning may fail at times, Hawaii was one of the first states to liberalize the abortion laws. There are deep feelings surrounding this which will be debated far into the future. HPHA members may be found on both sides of this question.

All of these activities which limit the birth rate have been accompanied by other developments. One new and controversial area is that of "surrogate mother-

hood" in which a woman gives birth for a childless couple for a fee. This is increasing in popularity in Hawaii as well as the mainland United States.

Amniocentesis has now become quite popular and is recommended for pregnant women over 35 years of age. By examination of the woman's amniotic fluid, it is possible to determine whether the baby will be free from some genetic defects which may result in mental or physical impairment. If the mother decides she does not want to take the chance of giving birth to a defective child, she may then have an abortion. The sex of the child may be determined in this procedure also.

Also receiving attention is the "single parent family." This trend is growing in Hawaii as other states. It will be interesting to follow the children of these families into the future to see how their health compares with those raised in traditional family settings.

Child abuse has emerged as a health area needing attention. Laws have been passed protecting those who report such cases. The study of this problem in the future may demonstrate whether child abuse decreases as more children are wanted rather than unwanted or resented. HPHA has an obligation to encourage this important research directly or by searching for funds from private or public sources.

The most alarming development in Hawaii is the increased birth rate among girls in the lower teens. The babies are often referred to as "Children of Children." No solution to this problem has been found. The present educational programs thus far do not appear to be of much assistance.

A matter of concern is the absence of legislative authority for the maternal and child health programs for the Department of Health. The HPHA has supported an amendment to the Hawaii statutes that would correct this. The HPHA Legislative Committee has testified affirmatively on these bills and will continue to do so until the law is changed.

CONTROL OF ACUTE COMMUNICABLE DISEASES

During the 40 years since the HPHA was organized, significant progress has been made in the control of the acute communicable diseases, once considered as principally childhood diseases. This has been brought about largely through immunization programs. A milestone was reached when evidence showed that smallpox was eliminated on a worldwide basis. There are occasional outbreaks of measles, for example, but the State has brought them under control promptly through vaccination programs. Rubella, which is still a threat to unborn babies, is being effectively controlled through testing of women of child-bearing age and immunizing as needed.

HPHA members have played important roles in the developments made in the communicable disease control programs. However, the recent publicity about the dangers of certain vaccines versus the protection provided concerned neighbor island members at the 1984 HPHA Annual Meeting since Maui and Lanai were in the midst of measles epidemics.

In the September 1984 issue of the *Hawaii Medical Journal*, Dr. Charles S. Judd reviewed the history of leprosy in Hawaii covering the period from 1889 to 1976. Many officers and members of the HPHA have played important roles in the control of this disease. At the time that the HPHA was organized in 1945, the sulfone drugs were being tried at the National Leprosarium in Carville, Louisiana. As Dr. Judd points out, these drugs were first used in Hawaii in 1946. Dr. Norman R. Sloan and Dr. Edwin Chung-Hoon were the first to administer the drugs here. Although the treatment took two years, it was reported that 92.5 percent of the treated patients had improved, and 60 percent of the patients could be discharged from the hospital after this period of treatment.

During the next 20 years, Dr. Judd reported that much progress was made in the drugs and treatment programs. In 1968, a Citizens' Committee was appointed to review the leprosy facilities and programs and the applicable State laws. The committee was staffed by the HPHA's 1984 president, Sylvia Levy. Dr. Robert Worth, HPHA president in 1965, was a committee member. In 1969, State law was changed and policies were liberalized. Leprosy patients could be treated on an outpatient basis. If hospitalization was needed, the period was usually much reduced. New patients could be admitted to Kalaupapa only with the consent of the Director of Health.

The number of new leprosy cases found annually has been reduced in the indigenous population. However, for the last two decades, a significant number of new residents are being found to have the disease. This trend continues.

Today, the leprosy program consists principally of two parts: (1) continuous service to all diagnosed patients and their families, and (2) active case finding program and treatment of new cases. In some cases, treatment may be given by private physicians.

In 1975, Dr. Olaf Skinsnes and co-workers reported the growth of the leprosy bacillus in their Hawaii laboratory. This is of major significance and should hasten the development of a vaccine against this dreaded disease.

This year (1985), HPHA supported the building of apartments for the housing of leprosy and disabled and elderly patients at the former Hale Mohalu site in Pearl City.

AGING, CHRONIC ILLNESS AND QUALITY OF LIFE

During the last forty years, there has been a significant increase in the population over 65 years of age. This has been referred to as the "graying of Hawaii." This segment of our population is growing at twice the National rate. Along with this, we have a longer life expectancy than the National average. In 1940, the overall life expectancy here was 62.0 years. The National figure that year was 62.9. In 1980, the life expectancy here had increased to 78.2 years. The National average was 73.7.

No doubt there are many reasons for our higher life expectancy. These probably include the reduction of deaths in early childhood, the control of communicable diseases, technical advances in early diagnosis and better treatment of many diseases.

As our population has become older, there has been an increase in the diseases and infirmities of aging such as cancer, heart and blood vessel problems, diabetes and arthritis. These are often referred to as chronic diseases since their care may cover long periods of time.

HPHA has been giving attention to health problems of aging for several years. The challenges of these problems will be even greater in the future.

Decisions will be needed regarding the extent to which newly identified diagnoses and possibly heroic treatment procedures will be used in keeping older people alive. This will call for evaluation of the need for extensive rehabilitative procedures, organ transplants, the use of artificial organs, dialysis, hospice care, and probably other services.

One of the greatest health care needs of the chronically ill and the aging is the provision of adequate care in the proper facilities. The need for nursing and care homes is increasing but it will be hard to keep up with future needs.

The importance of the quality of life has been brought to our attention in some recent HPHA meetings. This may be directly related to our evaluation of the extent to which we utilize heroic measures in prolonging life. Health workers will have to consider this problem in conjunction with people's perceptions of the value of life, medical ethics, and the cost of health care.

ENVIRONMENTAL PROTECTION

The war that was just winding down as the first meeting of the HPHA was held had contributed at least partial solutions to many of our public health problems. It had also caused a revision of our concepts of the manners and techniques by which our populations could be protected from disease—both microbial and environmental. Unfortunately, unrecognized hazards were associated with some of these "solutions," and in some cases, the deleterious effects far outweighed the benefits.

INSECT CONTROL

L. Lawrence E. Taylor from the Surgeon's Office, Central Pacific Base Command, presented a paper on "Insect Control" to the 1945 meeting of the HPHA in which he extolled the virtues of the DDT insecticides for the control of fleas, body lice, mosquitoes, and bedbugs, and sodium arsenite to control fly breeding. He noted that there was a tendency to regard DDT as a cure-all that would control all insects, but warned that the use of DDT should augment, not replace, the older methods of sanitation.

Unfortunately, many insects subsequently became resistant to DDT, and toxic effects of exposure of man and animals to this agent began to be reported. The same things have happened with many of the insecticides that were developed during the post-war years. Pesticides and herbicides developed and used over these 40 years have and are causing massive and costly clean-up programs. Extensive studies are in progress to determine the long range effects on man that may be caused by the ingestion of minimal or trace amounts of these chemicals.

HPHA, through its Legislative Committee, has actively supported bills to modify and clarify State laws regulating the use of chemicals for insect control.

SANITATION

Basic sanitation concerning safe water systems, sewage systems, food safety, and safe milk were problems addressed in the early years of HPHA. We have made some progress but have realized only partial success. To a large extent, we have learned to take care of the microbial problems of water and milk but we now have chemical problems, with mass production and distribution, one slip in methodology can affect a large and widely distributed population. Our sewage systems have been enlarged and upgraded in many areas, but increases in population, distributed over a greater area, create an ever present problem. Small private systems have been developed for use in unsewered areas but their use in Hawaii has been slow to gain recognition because of maintenance and possible contamination problems.

AIR POLLUTION

Air pollution was not considered an important problem in Hawaii in 1945. Of course, things got a little murky when the cane fields were burned before harvesting, but that was transient and the trade winds soon cleared the air. Then came massive metropolitan construction projects with their attached parking garages, and an unforeseen number of motor vehicles burning large amounts of leaded gasoline. Federal emission control laws and increased efficiency of the internal combustion engine have partially solved this problem but we still have a long way to go. HPHA members from the former Tuberculosis Association of Hawaii (now the American Lung Association of Hawaii) have been leaders in this fight for clean air in addition to their original programs and research on the continuing problem of pneumonic disease. Recent and proposed changes in the formulation of gasoline and in the design and emission control technology of the internal combustion engine are encouraging, and should have the continued support of HPHA. Don Ford, present Executive Director of the American Lung Association of Hawaii, was HPHA president in 1975 and David Bowers, a former Executive Director of that organization, was HPHA president in 1961. The late Robert Nekomoto, HPHA president in 1964, was an air pollution pioneer in the Department of Health.

In 1985, HPHA emphasized the possibility of lead poisoning from automobile

exhausts. This could be considered another traffic hazard against which children especially should be protected.

RODENT BORNE ZOONOTIC DISEASES

The rodent borne zoonotic diseases had been with us long before 1945. Plague had been fairly well isolated in the Hamakua District of the Big Island and was under intensive study for methods of control. For reasons not entirely understood, plague seems to have disappeared in Hawaii. This may be due to the vigorous rodent control programs, genetic changes in the organism or the increased awareness of the public to basic methods of sanitation.

Leptospirosis, another rodent borne disease, had been recognized in Hawaii as early as 1907. In 1915, rodents were found to be the principal disseminators of the disease, and over the years several HPHA members and officers have been active in studying this disease and its animal vectors. Recent studies have indicated the possibility of chemoprophylaxis as an aid in the prevention of the disease in those individuals at "high risk" of contracting leptospirosis through their employment. Workers in the aquaculture industries—taro farming, prawn farming, and watercress farming—seem to be especially involved, replacing the sugar industry as the principal source of human cases.

Hawaii has an ideal climate and environment for the continued proliferation of rodents and their zoonotic diseases. Much remains to be done on studies of these animals, their diseases and their control.

RABIES

One zoonotic disease that Hawaii has never had, and hopefully never will, is rabies. One 'scare' in the 1960's (later proved unfounded) created a serious and expensive situation among pet owners, public health personnel and the public at large. The current 120-day animal quarantine and immunization regulations in Hawaii are an effective, although not total, barrier to the importation of this disease. There is, however, an almost annual battle in our Legislature among proponents and opponents of a relaxation of these regulations. As health (and fiscal) oriented individuals, HPHA should be aware of the consequences connected with the establishment of rabies in Hawaii and work to defeat any lowering of these regulations. If any change is contemplated, it should be to increase the quarantine period to 180 days as presently in effect in England! One of the authors lived through two rabies epidemics in Arizona, and watched one child die of rabies. NEVER IN HAWAII!

OCCUPATIONAL HEALTH

An old problem with a new approach has created a whole new specialty in public health. The field of health in the workplace has expanded from the avoidance and treatment of employee injuries to include illness associated with the occupation, and later, to include protection from noxious elements in the working environ-

ment. Unfortunately, some of the "noxious elements" were hidden as "trade secrets" or were not recognized as hazards in time to offer protection. Asbestos and formaldehyde are cases in point. Strange symptomatology is still being exhibited by inhabitants of some areas, and a very important emerging field of environmental epidemiology is being called upon with increasing frequency in an attempt to track down the causes of these episodes. Investigations have indicated hitherto unrecognized agents—microbial and chemical—as causing diseases of varying severity. Legionnaire's Disease and fungicides in interior paints might be mentioned.

SUMMARY AND CONCLUSIONS

In 1945, the stated purpose of HPHA was "to aid in the promotion and protection of public health and to provide for the professional advancement of members." Over the years, many health professionals and others interested in health have been members and officers of this Association. Each has brought his or her own interests and expertise to the membership, and to the public at large. The basic purpose of HPHA was never lost sight of and remains the same in 1985.

Over the 40 years of its existence, HPHA has been active, but not always successful, in supporting a wide variety of public health programs, both in the legislative process and public forums. The successes are gratifying. Our failures mean that there is more work to be done.

It is suspected that after another 40 years, some of the problems we are now working on will still be with us, albeit in a different form. Safe water and food will still be necessary, but may come from different sources. Clean air to breathe will still be necessary, but we may have to be protected from different contaminants. The burning of fossil fuels with its concomitant emission of obnoxious gases may be history, and replaced with wind, thermal or atomic energy, each with its own problems.

Old diseases that were thought to be "wiped out," or at least "under control" have, and will probably flare again for many reasons. "New" disease entities will be identified, and then some of them will be found to be caused by "old" organisms that had been overlooked among a plethora of microbial flora. Many will have been considered "non-pathogenic" in their normal habitat but prove to be "pathogenic" under different conditions and in different locations.

Hawaii has had a long and, for the most part, honorable history in the field of public health. We have had numerous "firsts"—the first statewide health department in the United States—but we also have some less desirable "firsts" since we lead the United States in the reported cases of tuberculosis and leptospirosis. Longevity in Hawaii is greater than in the rest of the states, but in turn, we have increased problems in caring for our elderly and their infirmities. Our environmental programs are functioning, but need continued support to be completely effective. The immunizable childhood diseases have been greatly reduced, but relaxing of the regulations on these and other diseases must never be allowed.

Yes, the more things change the more they stay the same. There will always be a need for a Hawaii Public Health Association—to explore, discuss, and support public health measures, so that our children, and their children, can say, "Lucky we live Hawaii."

PAST PRESIDENTS HAWAII PUBLIC HEALTH ASSOCIATION

- 1945—Kaarlo Nasi
Engineer, U.S. Public Health Service
- 1946—Samuel Allison, M.D.
Director, Division of Preventive Medicine, Territorial Board of Health
- 1947—Frederick Schramm
- 1948 Engineer, Territorial Board of Health
- 1949—Louis Herscher
- 1950 Engineer, Board of Water Supply
- 1951—Marjorie Abel
Chief, Nutrition Branch, Territorial Board of Health
- 1952—Morris Fox
Deputy Director, Territorial Department of Public Welfare
- 1953—Theis Bucklin (deceased)
Professor, University of Hawaii
- 1954—Bernard J. McMorrow
Director, Division of Sanitation, Territorial Board of Health
- 1955—Ed Harris (deceased)
Executive Director, Blood Bank of Hawaii
- 1956—Walter B. Quisenberry, M.D.
Executive Director, Hawaii Cancer Society
- 1957—Jeanne Paly
Chief, Health Education Office, Territorial Board of Health
- 1958—Max Levine (deceased)
Chief, Laboratories Branch, Territorial Board of Health
- 1959—Royce Higa
Executive Director, O'ahu Health Council
- 1960—Leo Bernstein, M.D.
Deputy Director, State Department of Health
- 1961—David Bowers
Executive Director, Hawaii Tuberculosis Association

1962—Katherine Edgar, M.D.
 Chief, Maternal & Child Health Branch, State Department of Health

1963—Maurice Brodsky, M.D. (deceased)
 Medical Director, Leahi Hospital

1964—Robert Nekomoto (deceased)
 Supervisor, Air Pollution Section, State Department of Health

1965—Robert Worth, M.D.
 Professor, University of Hawaii School of Public Health

1966—Ralph Berry, M.D.
 Chief, Epidemiology Branch, State Department of Health

1967—Robert Mytinger
 Professor, University of Hawaii School of Public Health

1968—Christine Ling, Assistant Chief
 Health Education Office, State Department of Health

1969—Emmanuel Voulgaropoulos, M.D.
 Professor, University of Hawaii School of Public Health

1970—James Bunker
 Executive Director, American Cancer Society of Hawaii

1971—Henri Minette
 Chief, Laboratories Branch, State Department of Health

1972—George Moorhead, Health Director
 Health & Community Services Council of Hawaii

1973—Jerrold Michael
 Associate Dean, University of Hawaii School of Public Health

1974—Kazue McLaren
 Chief, Public Health Nursing Branch, State Department of Health

1975—Donald Ford
 Executive Director, American Lung Association of Hawaii

1976—Satoru Izutsu
 Executive Director, Regional Medical Program of Hawaii

1977—Audrey Mertz, M.D.
 Deputy Director, State Department of Health

1978—Richard Suehiro
 Vice President, Kuakini Medical Center

1979—James Yano
 Vice President, St. Francis Hospital

1980—Gladys Park
 Chief, Planning Branch, State Health Planning & Development
 Agency

1981—Gary Kaiiwara
 Senior Vice President, Kuakini Medical Center

1982—Gerald Ohia
 Affirmative Action Officer, State Department of Health

1983—Allan Oglesby, M.D.
 Professor, University of Hawaii School of Public Health

1984—Sylvia L. Levy
 Health Planning Consultant

1985—Jonathan Raymond
 Associate Professor, University of Hawaii School of Public Health

CHARTER MEMBERS OF THE HAWAII PUBLIC HEALTH ASSOCIATION 1945

Kathleen Abe
Board of Health, Honolulu
Doris L. Acher
Lihue, Kaua'i
Theima M. Akana
Nuuanu Funeral Parlor, Honolulu
Dr. J. E. Alicaia
University of Hawaii, Honolulu
Martha Allen
Board of Health, Honolulu
Dr. Samuel Allison
Board of Health, Honolulu
E. J. Henderson
Board of Health, Honolulu
Dorothy Anthony
Mabel Smyth Building, Honolulu
Alice H. Arnold
Board of Health, Honolulu
Ruth Aust
c/o Dr. Millard's office, Honolulu
Cmdr. R. Babione
Staff Com. Serv. Pac.
Louise Bailey
Dept. of Public Instruction,
Honolulu
L. Milward Bayliss
18th Medical General Laboratory
Rebecca Beale
1537 Wilder Ave., Honolulu
Marguerite Beatty
Board of Health, Honolulu

Dr. Ralph Beddow
Board of Health, Honolulu
Lorne Bell
Y.M.C.A., Honolulu
Bernard B. Berger
U.S. Public Health Service, Hilo
Dr. Leo Bernstein
U.S. Public Health Service, Hilo
Catherine Benette
2110 Laulu Way, Honolulu
Dr. David D. Bonnet
U.S. Public Health Service,
Honolulu
May Bowron
Board of Health, Honolulu
Olive L. Braue
McKinley High School, Honolulu
Bernard Brockman
U.S. Public Health Service,
Honolulu
Marville Buchanan
Board of Health, Honolulu
Sheridan Caceres
Board of Health, Honolulu
Ida Calvert
2014 Round Top Dr., Honolulu
Jamie Cameron
Territorial Nutrition Committee,
Honolulu
Margaret Catton
Queen's Hospital, Honolulu

Laura Ching Lum
Board of Health, Honolulu
Edward Chong
Board of Health, Honolulu
Dr. George W. Chu
1215 Alexander St., Honolulu
Roland Chun
Board of Health, Honolulu
Kim Wo Chung
Board of Health, Honolulu
Josephine Cortezan
Koloa, Kaua'i
Arve H. Dahl
U.S. Public Health Service,
Honolulu
John Downer
Board of Water Supply, Honolulu
Herbert Dowsett
OT Dept., Queen's Hospital,
Honolulu
Laura Draper
Board of Health, Honolulu
Klara Eklund
Lihue, Kaua'i
Dr. James Enright
Board of Health, Honolulu
Arthur Eyles
Honolulu Community Chest,
Honolulu
Vicenia Fernandez
Tuberculosis Association,
Honolulu
J. E. Fleischer
Board of Health, Honolulu
L. R. Q. Fraser
18th Medical Gen. Laboratory
Setsu Furuno
Board of Health, Honolulu

Walter F. Garcia
Board of Health, Wailuku
Blanche Gay
Board of Health, Honolulu
Dr. L. J. Goldwater
Industrial Hygiene Div., Pearl
Harbor
Samuel Goo
Board of Health, Moloka'i
Dr. A. Gourdin
Board of Health, Honolulu
Major R. H. Gregory
Surgeon's Office, PQA
Bertram Gross
U.S. Public Health Service, Lihue
Josephine Hall
Kealahakua
Bessie L. Hammer
2503 Manoa Rd., Honolulu
Grace C. Harman
Bureau of Sight Conservation,
Honolulu
Ella Hanzel Yamas
Board of Health, Honolulu
Capt. William B. Harris
Air Depot, A.P.O. 953
F. W. Hartmann
University of Hawaii, Honolulu
Rose Hee
Board of Health, Wailuku
Viola Heindinger
Lihue
Louis Herschler
Board of Water Supply, Honolulu
Lillian Hicks
Board of Health, Honolulu
Capt. Harlan Hill
A.P.O. 958

Yuriko Hiramoto	Sarah Kleinschmidt	M. MacDermid	Henri Minette
Board of Health, Honolulu	Board of Health, Honolulu	Oahu Railway & Land Co.,	Board of Health, Hilo
Elsie Ho	Julius Klosterman	Honolulu	Helene Morgan
Board of Health, Lihue	18th Medical General Laboratory	Cynthia Mabbette	Leahi Hospital, Honolulu
Laura Hooker	Thelma Kuwamoto	Board of Health, Wailuku	Elsie Motoyama
Board of Health, Honolulu	Board of Health, Lihue	Dr. Martha MacDonald	Kalakaua Jr. High School,
Dr. Henry B. Hoff	Kum Pui Lai	Board of Health, Honolulu	Honolulu
U.S. Public Health Service,	Tuberculosis Association,	Margery MacLachlan	Shimo Murakami
Honolulu	Honolulu	Queen's Hospital, Honolulu	Board of Health, Lihue
Etta Hou	Robert Lam	Eleanor McDonald	Willia Murray
Board of Health, Hilo	Board of Health, Honolulu	2110 Laulu Way, Honolulu	Board of Health, Hilo
Nancy Hussey	Henrietta Landau	Katherine Marks	James Nakahara
Lahaina	U.S. Public Health Service,	Washington Intermediate School,	Board of Health, Hilo
Seiji Imada	Honolulu	Honolulu	Kaarlo Nasi
Board of Health, Honolulu	Alice Lew	B. Elizabeth Marks	U.S. Public Health Service,
James Ing	Paia	Board of Health, Honolulu	Honolulu
Board of Health, Honolulu	F. K. Lee	Dr. Robert Marks	Dr. R. G. Nobelung
Sadamoto Iwashita	Board of Health, Honolulu	Board of Health, Honolulu	Chamber of Commerce, Honolulu
Board of Health, Honolulu	Kahiwa Lee	Margaret Makekau	Robert Nekomoto
Neil Iverson	Tuberculosis Association, Hilo	Board of Health, Honolulu	Board of Health, Honolulu
417 Hawaiian Trust Bldg.,	Dr. Richard K. C. Lee	John V. Marciel	Capt. E. C. Nelson
Honolulu	Board of Health, Honolulu	Board of Health, Wailuku	18th Medical Laboratory
June Johnson	Sarissa Lee	Major J. H. Matsinger	Rudolph W. Newison
Board of Health, Honolulu	Board of Health, Honolulu	Surgeon's Office, APO 958	Lahaina
Mabel Johnson	Violet Lee	Harry Y. S. Mau	Catherine Nourse
Shriner's Hospital, Honolulu	Washington Intermediate School,	Tuberculosis Association,	Board of Health, Honolulu
Virginia A. Jones	Honolulu	Honolulu	Grace Oliver
University of Hawaii, Honolulu	Capt. R. B. Lindberg	Edward S. C. Lau	Makaweli
Uichi Kanayama	18th Medical General Laboratory	Board of Health, Wailuku	Dr. Robert H. Onatott
Kuakini Hospital, Honolulu	Florence Loo	Robert Mavis	U.S. Public Health Service,
Vivian Kawahigashi	Board of Health, Honolulu	610 S. King St., Honolulu	Honolulu
Board of Health, Honolulu	Lulu Loe	Wendell R. McCoel	Ichiyo N. Osugi
Isabelle Kaelemakula	Bureau of Sight Conservation,	U.S. Public Health Service,	Board of Health, Honolulu
P. O. Box 299, Lanikai	Honolulu	Honolulu	Gladys Ota
Estelle Kezer	Lillian Louis	B. J. McMorrow	Kaananakoa School, Honolulu
Board of Health, Honolulu	Board of Health, Honolulu	Board of Health, Honolulu	Lucille Otto
Molle Kirchgasser	T. B. Lyons	Robert Mikuni	Kamehameha Schools, Honolulu
Kekaha	Board of Health, Lihue	Board of Health, Honolulu	

J. T. Parlett	Margaret W. Spears	Stella Wellborn	Henry Wong
U.S.E.D., Honolulu	5012 Maunalani Circle, Honolulu	Board of Health, Honolulu	Board of Health, Honolulu
Myrtle Payne	Nelson Spencer	Alma Whitman	Francis Woo
Castle & Cooke Terminals, Honolulu	Board of Health, Honolulu	Board of Health, Honolulu	Board of Health, Honolulu
Dr. Lyle G. Phillips	Alice Spillane	Dr. C. L. Wilbar, Jr.	Margaret Wright
Hotel & Miller Sis., Honolulu	Chamber of Commerce, Honolulu	Board of Health, Honolulu	Board of Health, Honolulu
Agnes Peterson	L. George Stains, USNR	Mabel Z. Wilcox	E. Westendorf
Board of Health, Honolulu	Marine Training & Replacement Command	Lihue	3004 Kiele Ave., Honolulu
Eva Peyton	Camp Joseph Pendleton, San Diego, CA	Willis Wirth	George Zane
Farrington High School, Honolulu	Dr. Pauline Stitt	U.S. Public Health Service, Honolulu	Board of Health, Wailuku
Dr. F. J. Pinkerton	Board of Health, Honolulu	Dr. Samuel Wishik	Judson L. Robertson, Jr.
Young Building, Honolulu	Maj. Lawrence J. Stuppy	Board of Health, Honolulu	U.S. Public Health Service, Honolulu
Esther Pyun	Surgeon's Office, APO 958	Dr. Bernard Witlin	
Queen's Hospital, Honolulu	Myrtle Swann	Board of Health, Honolulu	
Dr. David Radner	Kaimuki High School, Honolulu		
3636 Kilauea Ave., Honolulu	Nellis Takane		
Theodore Rhea	Board of Health, Lihue		
Palama Settlement, Honolulu	Ralph Tanimoto		
Arnold Richardson	Board of Health, Honolulu		
Board of Health, Kona	Samuel W. Tay		
George Robertson	Kona		
Board of Health, Honolulu	Lt. L. E. Taylor		
Tate Robinson	Surgeon's Office, APO 958		
Dept. of Public Instruction, Honolulu	Capt. C. H. Waite		
Ruth Sakai	18th Medical Laboratory		
Kohala	Dr. H. H. Walker		
Joy Schock	Leahi Hospital, Honolulu		
Board of Health, Honolulu	Lt. Col. T. G. Ward		
Evelyn H. Schoen	Surgeon's Office, APO 958		
1428-A Dominis St., Honolulu	Lt. George Warren		
F. A. Schramm	13th Replacement Depot, APO 957		
Board of Health, Honolulu	Capt. W. W. Watkins		
Dr. L. M. Shanahan	Surgeon's Office, APO 958		
Board of Health, Honolulu	Major J. E. Webb		
Dr. Norman R. Sloan	18th Medical Laboratory		
Kalaupapa Settlement, Moloka'i			

May 17, 1985
1.000/HPEO:DOH