Public Health Administration and Organization

for the

Territorial Board of Health

Territory of Hawaii

Honolulu. Chamber of Commerce

Recommendations of the Committee on Public Health Administration
Postwar Planning Committees on Health
Chamber of Commerce of Honolulu

1946

POSTWAR PLANNING HEALTH COMMITTEES
of the
CHAMBER OF COMMERCE OF HONOLULU

Steering Committee

Charles L. Wilbar, Jr., M. D., Chairman
Nils P. Larsen, M. D.
R. G. Nebelung, Dr. P. H.
Vivian Johnson, M. A.

COMMITTEE ON PUBLIC HEALTH ADMINISTRATION

Robert H. Onstott, M. D., Chairman

Subcommittee on Laws and Regulations

Mrs. David Y. K. Akana, Chairman
Ronald W. Jamieson
F. A. Schramm
C. Nils Tavares

Subcommittee on Organization and Operating Policies, Territorial Board of Health and Official County Health Agencies

Thomas M. Mossman, M. D., Chairman
Laura A. Draper
Kaarlo W. Nasi
R. G. Nebelung
Thomas H. Richert, M. D.

Subcommittee on Inter-Agency Relationships

Mrs. Marjorie Abel, Chairman
Lorne W. Bell
Kum Pui Lai
Joseph W. Lam, M. D.
Ferris F. Laune
Samuel M. Wishik, M. D.

Subcommittee on Personnel and Fiscal Policies and Practices

Randolph Lee, Chairman
Samuel D. Allison, M. D.
Robert W. Beasley
Harold W. Boss

FOREWORD

Because of the nature, quality and direction of economic and social changes that are taking place now and may be expected in the future, the reorganization of our official health agency administrative machinery and the development of new programs based upon community needs is indispensable for both the well-being of society and the welfare of the individual.

Our organized facilities and services designed to prevent and mitigate illness have had for the most part an irregular rate of growth, which has produced definite gaps in our programs and made more cumbersome the supervisory machinery for rendering both old and new services. This report of the Committee on Public Health Administration brings into sharp focus certain measures which are clearly indicated to insure more economical and efficient operation of this agency. The committee, in making its recommendations, has tried to keep in mind the need for developing a simplified and orderly arrangement of duties and functions.

A review of the publication will, in numerous sections, arrest the eye of the casual observer; and the trained observer will find much interest in the contents of the report.

F. J. Pinkerton, M.D., Chairman
Public Health Committee
Chamber of Commerce of Honolulu

FOREWORD

Because of the nature, quality and direction of economic and social changes that are taking place now and may be expected in the future, the reorganization of our official health agency administrative machinery and the development of new programs based upon community needs is indispensable for both the well-being of society and the welfare of the individual.

Our organized facilities and services designed to prevent and mitigate illness have had for the most part an irregular rate of growth, which has produced definite gaps in our programs and made more burdensome the supervisory machinery for remedying both old and new services. This report of the Committee on Public Health Administration brings into sharp focus certain measures which are clearly indicated to insure more economical and efficient operation of this agency. The committee, in making its recommendations, has tried to keep in mind the need for developing a simplified and orderly arrangement of duties and functions.

A review of the publication will, in numerous sections, attract the eye of the casual observer and the trained observer will find much interest in the contents of the report.

F. J. Pinkerton, M.D., Chairman
Public Health Committee
Chamber of Commerce of Honolulu

PREFACE

Administrative organizations, policies and procedures in any field are merely the reflection of program content as influenced by local conditions, personalities, and many other less tangible factors. In submitting the following report the committee has attempted to take most of these factors into consideration. Yet public health is a constantly changing scene, and what may be the best judgment today is not necessarily so tomorrow. Professional personnel are individuals. Organizations and programs which are efficient and smooth-working with one set of individuals may be totally unsuited to another staff who have different personality traits and ambitions. Organizations and programs, therefore, must be reasonably flexible.

We believe the principles involved in the report are sound; however, it is hoped that the report will be interpreted in the light of the constantly changing influences and personalities. It is not a fixed blueprint. Sound advances in public health are evolutionary.

ROBERT H. ONSTOTT, M.D., Chairman

INTRODUCTION

This publication of the Committee on Public Health Administration, which is the result of long hours of study and conferences on the part of committee members, points out a number of improvements and changes in organization which are suggested for the official public health agency of the Territory. Some of these changes can be put into effect by action of the Board of Health, others require legislative action and additional appropriation of funds.

As is pointed out in the introductory note of the narrative report of the committee, the field of public health is anything but static, so that changes suggested today in the organization picture of the health agency might not be entirely applicable a year from now. This changing picture in public health, as well as the need for different emphases on the various branches of a public health program brought about by differences in total population, concentration of population, wealth of a community, racial and sex make-up of a community, are causative factors of the wide diversity of public health organizations throughout the country. No two state or territorial health departments have the same departmental organization and health departments on the county levels are dissimilar in their organizational details.

This report, I believe, can be most helpful as a guide in improving public health organization in the Territory, especially in regard to its indications of major principles involved in public health organization.

On behalf of the Steering Committee, I should like to express appreciation to those groups and individuals who have participated and cooperated in providing material for this report.

Charles L. Wilbar, Jr., M.D.
Chairman, Steering Committee

PUBLICATION PROCEDURES AND RESPONSIBILITY FOR REPORTS

Reports of the postwar planning health committees are prepared by the several study groups with the aid of the Public Health Committee staff of the Chamber of Commerce. Staff members meet regularly with the groups during the course of study. Alice L. Spillane has served as the liaison field worker between the steering group and the study committees.

A tentative final report in outline form is submitted to the Steering Committee for review. The study group chairman then meets with the Steering Committee which advises, offers suggestions regarding changes, and then refers the project back to the study group for further consideration. The final revision is resubmitted to the Steering Committee for approval both in outline and narrative forms. The purpose of the outline is to enable anyone to readily appraise the present status of a particular program and the recommendations of the study committee without having to peruse the entire report. Each finally revised report will include any dissenting opinions of the committee members which they may request be published. Reports are issued as the work of the particular committee preparing them. Individual recommendations may be considered to represent the views of the committee as a whole.

R. G. Nebelung, Dr. P.H.
Executive Director
Public Health Committee

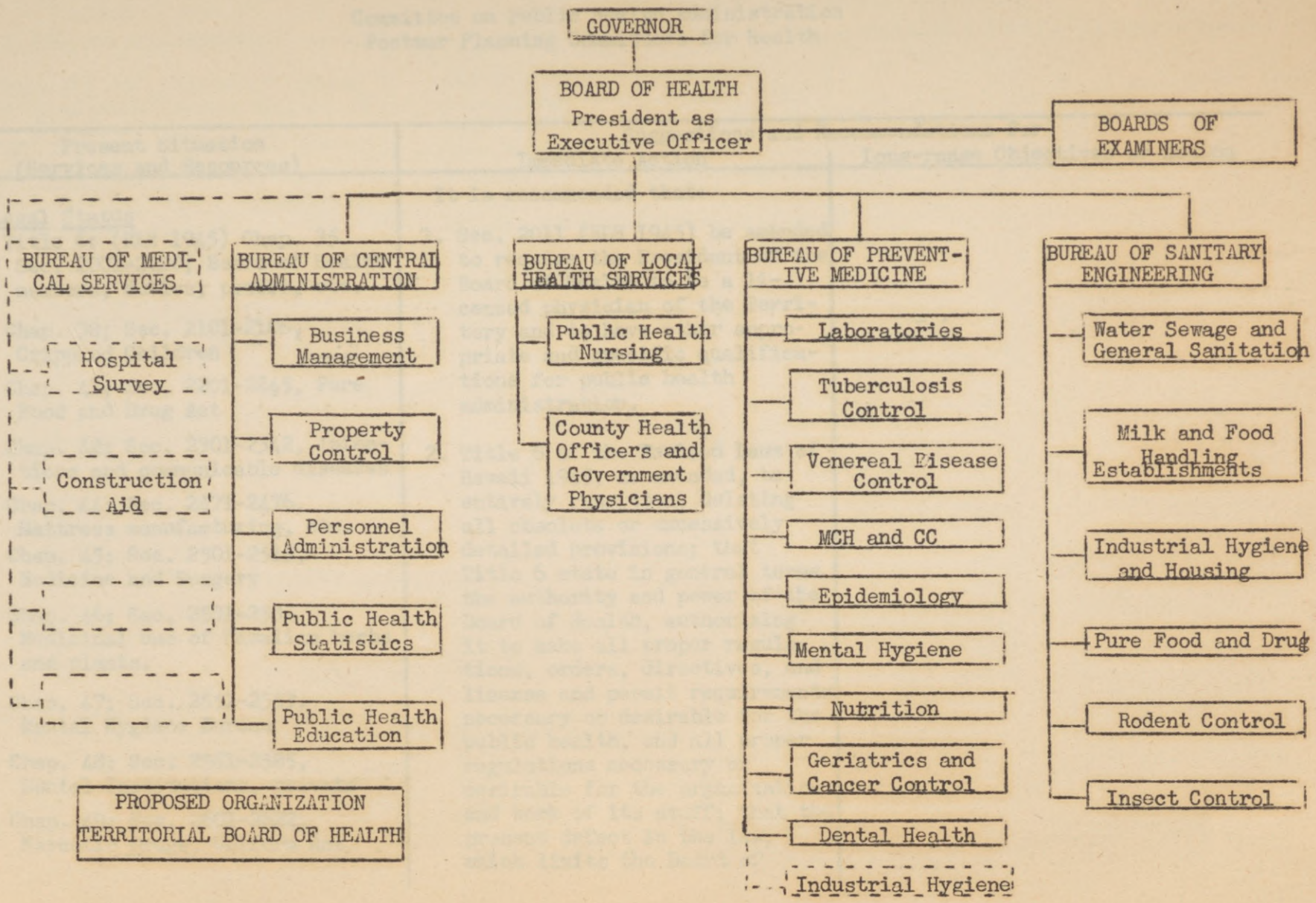
PUBLICATION PROCEDURES AND RESPONSIBILITY FOR REPORTS

Reports of the research planning health committees are prepared by the several study groups with the aid of the Public Health Committee staff of the Chamber of Commerce. Staff members meet regularly with the groups during the course of study. Alice L. Spillane has served as the Mission field worker between the steering group and the study committees.

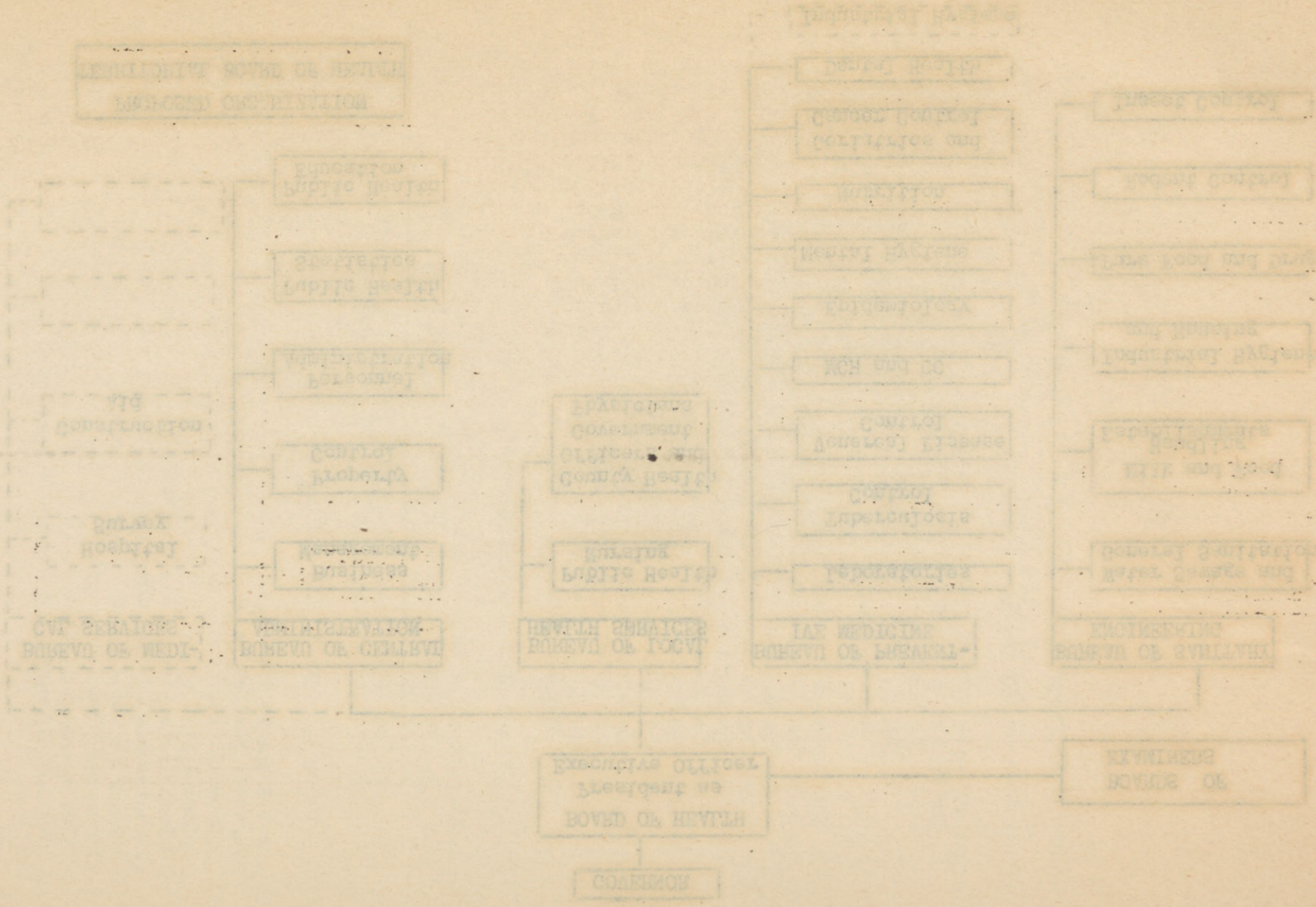
A tentative final report in outline form is submitted to the Steering Committee for review. The study group chairman then meets with the Steering Committee which advises, offers suggestions regarding changes, and then refers the project back to the study group for further consideration. The final revision is resubmitted to the Steering Committee for approval both in outline and narrative form. The purpose of the outline is to enable anyone to readily appraise the present status of a particular program and the recommendations of the study committee without having to peruse the entire report. Each finally revised report will include any dissenting opinions of the committee members which they may request be published. Reports are issued as the work of the particular committee preparing them. Individual recommendations may be considered to represent the views of the committee as a whole.

R. L. Hebeling, Dr. P.H.
Executive Director
Public Health Committee

TABLE OF CONTENTS



PROPOSED ORGANIZATION
TERRITORIAL BOARD OF HEALTH


COMMISSION
BOARD OF HEALTH
President as
Executive Officer
BOARDS OF
EXAMINERS
BUREAU OF CENTRAL
ADMINISTRATION
Personnel
Property
Accounting
Statistics
Public Health
Education
BUREAU OF MEDI-
CAL SERVICES
Hospital
Clinic
Dental
Laboratory
Public Health
Nursing
BUREAU OF LOCAL
HEALTH SERVICES
Preventive
Curative
Control of
Communicable
Diseases
BUREAU OF PREVENTI-
VE MEDICINE
Epidemiology
Control
Venereal Disease
Control
MCH and CD
Epidemiology
Mental Hygiene
Nutrition
Health Education
BUREAU OF SANITARY
ENGINEERING
Water Supply
Sewage and
Refuse Disposal
Food and Drug
Control
Industrial Hygiene
and Medical
Care
Radiation Control
Insect Control
Vital Statistics
Health Science
Research and
Training

OUTLINE OF SUGGESTED RECOMMENDATIONS

Committee on Public Health Administration
Postwar Planning Committees for Health

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
I. Legal Status Title 6: (RLH 1945) Chap. 35 Sec. 2001-2020; Board of Health members, duties, powers, etc. Chap. 38; Sec. 2101-2106, Crippled Children Chap. 41; Sec. 2201-2245, Pure Food and Drug Act Chap. 42; Sec. 2301-2342, Infectious and communicable diseases Chap. 44; Sec. 2471-2476, Mattress manufacturing, etc. Chap. 45; Sec. 2501-2513, Medicine and Surgery Chap. 46; Sec. 2531-2534, Medicinal use of Hawaiian herbs and plants. Chap. 47; Sec. 2551-2553, Mental Hygiene Bureau Chap. 48; Sec. 2581-2585, Mental Institutions, private Chap. 49; Sec. 2601-2622, Narcotic Drugs, Uniform Act	It is recommended that: 1. Sec. 2011 (RLH 1945) be amended to require the President of the Board of Health to be a licensed physician of the Territory and to have other appropriate and specific qualifications for public health administration. 2. Title 6 of the Revised Laws of Hawaii 1945, as amended, be entirely rewritten, deleting all obsolete or excessively detailed provisions; that Title 6 state in general terms the authority and power of the Board of Health, authorizing it to make all proper regulations, orders, directives, and license and permit requirements necessary or desirable for the public health, and all proper regulations necessary or desirable for the organization and work of its staff; that the present defect in the law, which limits the Board of	

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
Chap. 50; Sec. 2657-2658, Licensing of Naturopathic physicians Chap. 51; Sec. 2701-2781, Abatement of nuisances Chap. 54; Sec. 2855, Examination fee Chap. 56; Sec. 2951-2956, Sale of Poisons Chap. 57; Sec. 3001-3004, Radium; use for medical and surgical purposes Chap. 58; Sec. 3051-3058, Undertakers, embalmers, funeral directors Chap. 59; Sec. 3073, veterinary medicine and surgery and dentistry report of board of examiners to Board of Health Chap. 60; Sec. 3101-3128, Vital Statistics (births, deaths marriages)	Health's regulation-making power under section 2015, R.L.H. 1945, as amended, to specifically named subjects be cured, because too many subjects worthy of regulation fall in the gaps between the named subjects.	
II. <u>Territorial Board of Health</u> Responsibility for administration of program to protect and preserve the health of the people in the Territory vested in the Territorial Board of Health.	3. The President be freed from the details of internal administration, that he may be able to devote himself to public relations, policy-making, observation and analysis of Board of	

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
Chap. 25; Sec. 2657-2658, Licensing of Naturopathic physicians	Health's regulation-making power under section 2075, R.L.H. 1945, as amended, to specifically name subjects be cured, because too many subjects worthy of regulation fall in the gaps between the named subjects.	
Chap. 26; Sec. 2701-2721, Abatement of nuisances		
Chap. 26; Sec. 2855, Examination fee		
Chap. 26; Sec. 2931-2956, Sale of Poisons		
Chap. 27; Sec. 3001-3004, Radium; use for medical and surgical purposes		
Chap. 28; Sec. 3071-3098, Undertakers, embalmers, funeral directors		
Chap. 29; Sec. 3173, veterinary medicine and surgery and dentistry report of board of examiners to Board of Health		
Chap. 30; Sec. 3201-3126, Vital Statistics (births, deaths, marriages)		
II. Territorial Board of Health Responsibility for administration of programs to protect and preserve the health of the people in the Territory vested in the Territorial Board of Health.	3. The President be freed from the duties of internal administration, that he may be able to devote himself to public relations, policy-making, observation and analysis of Board of	

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
1. Board of Health Nine members including Attorney General as ex-officio member; members appointed by Governor for 4 year term; members to serve without pay, except President who is executive officer of the Board. 2. Program and Personnel* President and Executive Officer; Director of Public Health a. General Administration: 1) Finance Chief Clerk Budget Officer Business transactions of Board of Health; total budget for 1945 fiscal year was $1,124,542.69 2) Personnel Personnel administrator--Responsible for recommendations re: position classifications; employer-employe relationships; placement; training; promotions; terminations, etc.	Health operations, and of the total health situation in the Territory, broad program making, and keeping in touch with the best thought on public health in the Territory and elsewhere. 4. A Bureau of Local Health Services be established. 5. The health officers of the counties of Hawaii, Maui and Kauai be experienced, qualified physicians; and, under the direction of the President and Chief of the Bureau of Local Health Services, have full power and responsibility for the administration of the public-health programs in their counties. 6. The Chief of the Bureau of Local Health Services have direct supervision of the operating program in the City and County of Honolulu and should supervise the activities of the several county health officers. 7. The specialists and the directors of the various bureaus and divisions (except the Chief of the	

* As outlined in 1944-1945 Annual Report to the Governor

Present Situation (Services and Measures)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
1. Board of Health Nine members including Attorney General as ex-officio member; members appointed by Governor for 4 year terms; members to serve without pay, except President who is executive officer of the Board.	Health operations, and of the total health situation in the Territory; broad program making and keeping in touch with the best thought on public health in the Territory and elsewhere.	
2. Program and Personnel* President and Executive Officer: Director of Public Health a. Central Administration 1) Finance Chief Clerk Budget Officer Business transactions of Board of Health total budget for 1942 fiscal year was $1,124,542.69	4. A Bureau of Local Health Services be established.	
2) Personnel Personnel administrator-responsible for recruitment; position classification; employee-employer relationships; placement; training; promotions; terminations, etc.	5. The health officers of the counties of Hawaii, Maui and Kauai be experienced, qualified physicians; and, under the direction of the President and Chief of the Bureau of Local Health Services, have full power and responsibility for the administration of the public-health programs in their counties.	
	6. The Chief of the Bureau of Local Health Services have direct supervision of the operating program in the City and County of Honolulu and should supervise the activities of the several county health officers.	
	7. The specialists and the directors of the various bureaus and divisions (except the Chief of the	

* As outlined in 1941-1942 Annual Report to the Governor

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
Total number personnel: 650 full-time 42 part-time 3) Public Health Education Acting Director Ass't. to Director Secretary Technician-clerk (part-time) Program includes news releases; distribution of films, pamphlets; radio relaases and programs; talks to lay groups; assistance to department staff on preparation of talks, articles, etc.; publication of "Health Messenger". 4) County Health Administration Administration and supervision of public health program on other islands. b. <u>Bureaus and Divisions</u> 1) Bureau of Vital Statistics Acting Registrar General	Bureau of Local Health Services) be merely consultants to the health officers of the counties of Hawaii, Maui and Kauai and not exercise authority over them except at the direction of the President through the Chief of the Bureau of Local Health Services. 8. The government physicians in the counties of Hawaii, Maui and Kauai be under the direction of the health officer for the county; in the City and County of Honolulu, under the direction of the Chief of the Bureau of Local Health Services. 9. The Bureau of Local Health Services include a division of public health nursing which should be headed by a director and should include an assistant director for education. 10. There be a Bureau of Preventive Medicine which should be under the direction of its director and include the following divisions: laboratories, tuberculosis control, venereal disease control, maternal and	

Bureau of Local Health Services) be merely consultants to the health officers of the counties of Hawaii, Maui and Kauai and not exercise authority over them except at the direction of the President through the Chief of the Bureau of Local Health Services.

2. The government physicians in the counties of Hawaii, Maui and Kauai to under the direction of the health officer for the county; in the City and County of Honolulu, under the direction of the Chief of the Bureau of Local Health Services.

9. The Bureau of Local Health Services includes a division of public health nursing which should be headed by a director and should include an assistant director for education.

10. There is a Bureau of Preventive Medicine which should be under the direction of its director and include the following divisions: laboratories, tuberculosis control, venereal disease control; maternal and

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
Statistical and Clerical staff. Program has three major functions: a) Registration and preservation of all vital records. b) Compilation and tabulation of vital statistics. c) Issuance of certified copies and performance of searches of records for data requested by the public. 2) Bureau of Sanitation Director; Ass't. Director; Clerical Staff a) Division of Sanitary Engineering: 65 sanitary inspectors. Program: investigation and control of water supply areas, drainage and sewerage, and housing.	child health and crippled children, epidemiology, mental hygiene, nutrition, geriatrics and cancer control, a division of dental health, and industrial hygiene, each of which, in turn, should be headed by a director. 11. There be a Bureau of Sanitary Engineering under the direction of its director which should include divisions as follows: water, sewage and general sanitation; milk and food handling establishments; housing; pure food and drug; rodent control; and insect control; each of which, inturn, should be headed by a director. 12. There be a Bureau of Central Administration, under the direction of its director, which includes the following divisions: business management, property control, personnel administration, public health statistics, and public health education, each of which, in turn, should be headed by a director.	

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
Statistical and Clerical staff. Program has three major functions: a) Registration and preservation of all vital records. b) Compilation and tabulation of vital statistics. c) Issuance of certified copies and performance of searches or records for data requested by the public. 2) Bureau of Sanitation: Director; Inspector; Clerical staff a) Division of Sanitary Engineering: 65 sanitary inspectors. Program: Investigation and control of water supply areas, drainage and sewerage, and housing.	10. There be a Bureau of Sanitary Engineering under the direction of its director which should include divisions as follows: water, sewage and general sanitation; milk and food handling establishments; housing; pure food and drug; rodent control; and insect control; each of which, in turn, should be headed by a director. 11. There be a Bureau of Sanitary Engineering under the direction of its director which should include divisions as follows: water, sewage and general sanitation; milk and food handling establishments; housing; pure food and drug; rodent control; and insect control; each of which, in turn, should be headed by a director. 12. There be a Bureau of Central Administration, under the direction of its director, which includes the following divisions: business management, property control, personnel administration, public health statistics, and public health education, each of which, in turn, should be headed by a director.	

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
b) Public Health Engineering Laboratory: Staff 3. Program: sampling of potable and non-potable water, sewage; determine bacterial and chemical analyses for food, drug, milk and others.	13. The Board of Health be provided with a new building in Honolulu, which would include a new health center. The Kapahulu and Lanakila Health Centers be continued and devoted exclusively to the local health program; Board of Health facilities at Hilo, Wailuku and Lihue, now inadequate, be expanded and improved; modern, clean and attractive Board of Health facilities be established at strategic locations in each county as the local health centers.	
c) Division of Pure Food and Drugs: Food Commissioner & Analyst. Staff 14. Program: regulatory control of food and drug consumed in the Territory. Enforcement of territorial laws re: food, drugs, cosmetics; investigation of complaints; licensing of poison dealers and itinerant vendors.	14. The Legislature grant a single departmental appropriation for the Board of Health, based on a budget, and allocable by the Board of Health to its various uses according to its best judgment. Quarterly allotments would be made on the basis of detailed budgets and at the end of each biennium the Board should be required to report to the Governor and to the Legislature its use of the appropriation.	

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
d) Division of Industrial Hygiene: Director (Ass't. Director of Bureau). Five major aspects of program: (1) collaborate with other health and safety programs in development of practices on and off worksites to increase and improve working conditions and health of workers; (2) assist in promoting medical examinations for persons to be employed in hazardous occupations; (3) arrange separation of persons reported by physicians as having symptoms of industrial illness and assist in arranging treatment of such persons; (4) survey hazardous industrial conditions	15. A school health section be established in the Bureau of Local Health Services or in the Maternal and Child Health Division. 16. Whenever the hospitalization of any person is <u>required</u> by law for contagious disease, the Board of Health pay the expenses of such isolation or hospitalization or make available without cost the facilities for such isolation or hospitalization. 17. The medical care program for indigents, now divided between the Board of Health and the Department of Public Welfare, be made less cumbersome in its operation. 18. Board of Health positions continue to be classified by the Personnel Classification Board of the Territory; but that the Board of Health and Personnel Classification Board seriously consider the appropriateness of various classifications and job descriptions and of commencing in the near future the limited use of the P-8 classification.	

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
and make recommendations for their control; (5) educate public workers, management and professional personnel toward better protection of the health and welfare of workers.		
e) Division of Rodent Control: Director; Staff 203. Program: eradication of plague and control of rodents by correction of harborage and food conditions fostering infestation; enforcement of ratproofing measures; suppression of rodents by trapping, poisoning, gassing, and other methods.		
f) Division of Mosquito Control: Director; Staff 156.		

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
Program: control of mosquitoes by destruction of adult Aedes mosquito; cleanup campaigns; rock and tree-hole filling; roof gutter drainage; insecticiding; storm drain larviciding and other methods. Educational program: Utilize radio, press, and other methods; cooperate with Department of Public Instruction to include unit on mosquito control. 3) Bureau of Communicable Diseases: Director; Government Physicians; Acting Director of the Bacteriological Laboratory. Program: control of communicable diseases other than tuberculosis and the venereal diseases.		

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Suggestions and Recommendations for Long-range Objectives or Action
Program: control of mosquitoes by destruction of adult Aedes mosquito; cleanup campaigns; rock and tree-hole filling; roof gutter drainage; insecticiding; Aedes drain latrinizing and other methods. Educational program: Utilize radio, press, and other methods; cooperate with Department of Public Instruction to include unit on mosquito control.		
3) Bureau of Communicable Diseases: Directly responsible for Venereal Disease Control Program; Acting Director of the Bacteriological Laboratory; Program control of communicable diseases other than tuberculosis and the venereal diseases.		

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
a) Division of Bacteriological Laboratories: Setting of standards for laboratory owners, directors and technicians desiring Board of Health certification. Investigation and licensing of labs conducting prenatal and serological tests. Functions of lab include examination of specimens of suspected cases of communicable diseases for physicians and health officers; periodic examination of water samples from public and institutional water supplies, swimming pools and beaches; examination of samples of ice, water and sewage and industrial wastes, milk, frozen desserts, poi and other foods; examination		

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives and Action
a) Division of Bacteriological Laboratories Setting of standards for laboratory examiners, directors and technicians desiring Bureau of Health certification. Investigation and licensing of labs conducting prenatal and serological tests. Functions of lab training examination of applications of suspected cases of communicable diseases for physicians and health officers; periodic examination of water samples from public and institutional water supplies, swimming pools and bathing beaches; examinations of samples of ice, water and sewage and industrial wastes, milk, frozen desserts, oyster, and other foods; examination		

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
of blood specimens; investigations and research in connection with outbreaks of disease.		
4) Bureau of Venereal Diseases Director; Medical and Nursing staff. Program: control of venereal diseases through case-finding epidemiology; treatment and education.		
5) Bureau of Tuberculosis: Director; Medical and Nursing staff; other personnel. Program: control of TB through case finding and diagnosis; consultation services to physicians in private practice; educational and statistical research.		
6) Bureau of Mental Hygiene Acting Director; Child Psychologist; other professional staff. Program: psychiatric, consultation and educational services.		

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Suggestions and Recommendations for Long-range Objectives or Action
of blood specimens; investigations and research in connection with outbreaks of disease. 4) Bureau of Venereal Diseases Director; Medical and Nursing staff. Program: control of venereal diseases through case-finding epidemiology; treatment and education. 5) Bureau of Tuberculosis Director; Medical and Nursing staff; other personnel. Program: control of TB through case finding and diagnosis; establishment services to physicians in private practice; educational and statistical research. 6) Bureau of Mental Hygiene Acting Director; Chief Psychiatrist; other professional staff. Program: psychiatric, clinical, education and educational services.		

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Long-range Objectives or Action
7) Bureau of Maternal and Child Health and Crippled Children Program: maternal and child health conferences; school health services; supervision of children's boarding homes; crippled children's clinics; classes for parents, and maternal and pediatric care for military dependents. Director; Medical, nursing and nutrition staffs.		

Present Situation (Services and Resources)	Suggestions and Recommendations for Immediate Action	Suggestions and Recommendations for Long-range Objectives or Action
7) Bureau of Maternal and Child Health and Crippled Children Program maternal and child health conferences; school health services; supervision of children's boarding homes; crippled children's clinics; classes for parents, and maternal and pediatric care for military dependents. Directory Medical, nursing and nutrition staffs.		

REPORT OF THE COMMITTEE ON PUBLIC HEALTH ADMINISTRATION OF THE CHAMBER OF COMMERCE POST-WAR PLANNING COMMITTEE

Organization of the Board of Health

As a result of Act 43 of the 1943 legislature, the position of Commissioner of Health as the full-time executive of the Department of Health was abolished, and the responsibilities of that position were vested in a President of the Board of Health, who serves as chairman of the meetings of the Board, and who acts as its Executive Officer. The Commissioner of Health was required by statute to be a licensed physician, or both a doctor of medicine and a doctor of public health, with five years' training or experience in the administration of public-health programs. These professional qualifications are not required by statute for the position of President of the Board of Health; indeed, should the Governor so desire, an inexperienced layman could be appointed as the President.

Only in one state in the United States is there a state health officer who is not a physician, and there are few such health authorities who do not have special training or qualifications in the field of public health administration. In the one excepted state the incumbent holds a post-graduate degree in public health administration. It is considered wise that qualifications of training and experience be stipulated by law, and a revision of the law in this regard is advocated.

The merits of an executive Board of Health, vs. a Board of Health having stipulated duties reasonably confined to the field of promulgation of regulations and establishment of policy and procedure is controversial. In some states, revolving about the temperament and personal ambitions of the members of such an executive board, programs have suffered materially through insistence of the board that minutia of operations come before it. The current division of responsibility between the Board of Health and the President, as executive officer of the department, is considered to be healthy and should be commended. That this is so is due in measure to the fact that the Board of Health has refrained from exercising all of the power given it by the legislature, relying on the President of the Board to be in fact the executive of the department. A stipulation in the law covering the division of responsibility and authority between the Board of Health and executive officer of the department would insure continued smooth operation.

Organization of the Board of Health

As a result of Act 43 of the 1943 legislature, the position of Commissioner of Health as the full-time executive of the Department of Health was abolished, and the responsibilities of that position were vested in a President of the Board of Health, who serves as chairman of the meetings of the Board, and who acts as its Executive Officer. The Commissioner of Health was required by statute to be a licensed physician, or both a doctor of medicine and a doctor of public health, with five years' training or experience in the administration of public-health programs. These professional qualifications are not required by statute for the position of President of the Board of Health; indeed, should the Governor so desire, an inexperienced layman could be appointed as the President.

Only in one state in the United States is there a state health officer who is not a physician, and there are few non-health authorities who do not have special training or qualifications in the field of public health administration. In the one exception state the incumbent holds a post-graduate degree in public health administration. It is considered wise that qualifications of training and experience be stipulated by law, and a revision of the law in this regard is advocated.

The merits of an executive Board of Health, vs. a Board of Health having stipulated duties reasonably confined to the field of promulgation of regulations and establishment of policy and procedure is controversial. In some states, revolving about the temperament and personal ambitions of the members of such an executive board, programs have suffered materially through instance of the board that minutia of operations come before it. The current division of responsibility between the Board of Health and the President, as executive officer of the department, is considered to be healthy and should be commended. That this is so is due in measure to the fact that the Board of Health has refrained from exercising all of the power given it by the legislature, relying on the President of the Board to be an ideal executive of the department. A stipulation in the law governing the division of responsibility and authority between the Board of Health and executive officer of the department would insure continued smooth operation.

Organization of the Department of Health

Certain changes are recommended in the organization of the Department of Health, directed principally at the objective of freeing the executive officer of many of the details of the in-service operation and allowing him to concentrate on the important subjects of public relations, policy making and program planning. Without being seriously tied down with the machinery of day-to-day administration the executive should be able to represent the department at national and local meetings, and spend a considerable part of his time in the field, observing the operation of the various programs and analyzing the health problems of the community.

Basic in advancing the public-health program in Hawaii is the appointment of qualified, experienced physicians as the health officers of the Counties of Hawaii, Maui and Kauai. These officers, acting under the executive of the department and the Board of Health, should be delegated full power and responsibility for the administration of the public-health programs within their respective jurisdictions. All policies and operating procedures of the department in their jurisdictions should be administered by them. They should be in active charge of all general and specialized programs carried out by the personnel of their departments and, in turn, the personnel should look to them as their administrative directors. The health officers of the "outside" counties will be responsible to the executive officer of the department through the Chief of the Bureau of Local Health Services, to be described later.

In the City and County of Honolulu, because it comprises 70% of the population of the Territory, and because of the duplication of specialist personnel required to establish an integral public-health department, no separate health officer for this area is advocated at this time; however, the supervision, integration and responsibility for the operation of this program should be delegated to the Chief of the Bureau of Local Health Services and, under the supervision of the executive and Board of Health, he should function in all ways parallel to the health officers of the "outside" counties.

In the "outside" counties, the various specialists throughout the bureaus and divisions of the department should act as consultants to these local health officers, but the authority and responsibility for the operation of the various special programs should be vested in the local health officer. All activities of the consultants from the central department while visiting those areas, or in the conduct of their correspondence, should be in a manner agreeable to the local health officer under the supervision of the executive of the department.

Organization of the Department of Health

Certain changes are recommended in the organization of the Department of Health, directed principally at the objective of freeing the executive officer of many of the details of the departmental operation and allowing him to concentrate on the important subjects of public relations, policy making and program planning. Without being seriously tied down with the machinery of day-to-day administration the executive should be able to represent the department at national and local meetings, and spend a considerable part of his time in the field, observing the operation of the various programs and analyzing the health problems of the community.

Basic in advancing the public-health program in Hawaii is the appointment of qualified, experienced physicians as the health officers of the counties of Hawaii, Maui and Kauai. These officers, acting under the executive of the department and the Board of Health, should be delegated full power and responsibility for the administration of the public-health programs within their respective jurisdictions. All policies and operating procedures of the department in their jurisdictions should be administered by them. They should be in active charge of all general and specialized programs carried out by the personnel of their departments and, in turn, the personnel should look to them as their administrative directors. The health officers of the "outside" counties will be responsible to the executive officer of the department, through the chief of the Bureau of Local Health Services, to be described later.

In the City and County of Honolulu, because it comprises 70% of the population of the Territory, and because of the duplication of specialist personnel required to establish an integral public-health department, no separate health officer for this area is advocated at this time; however, the supervision, integration and responsibility for the operation of this program should be delegated to the Chief of the Bureau of Local Health Services and, under the supervision of the executive and Board of Health, he should function in all ways parallel to the health officers of the "outside" counties.

In the "outside" counties, the various specialists through the bureaus and divisions of the department should act as consultants to these local health officers, but the authority and responsibility for the operation of the various special programs should be vested in the local health officer. All activities of the specialists from the central department while visiting these areas, or in the conduct of their correspondence, should be in a manner agreeable to the local health officer under the supervision of the executive of the department.

In the City and County of Honolulu, the various specialists throughout the bureaus and divisions of the department should have direct responsibilities in the operation of the program in addition to their planning and supervisory duties at a Territorial level. In so far as they assume operational responsibility in the program for the City and County of Honolulu, they should be directly responsible to the Chief of Local Health Services. Personnel formerly carried on budgets and organization charts of the various bureaus and divisions, but who functioned exclusively in the health program for the City and County of Honolulu, should be transferred to a budget for the City and County and should be administratively set up in the Honolulu organization. Under the Chief of Local Health Services, there will be required a Chief of Public Health Nursing for the City and County of Honolulu and a Chief Sanitary Officer. Other adjustments may be necessary in organization and assignment of personnel in the Oahu program.

The Territorial Department of Health should be divided into four major bureaus:

1. The Bureau of Local Health Services, headed by a Chief, who would directly supervise the health officers of the "outside" counties, and be in active charge of the public-health program for the City and County of Honolulu. He would be responsible for the coordination of the activities of the divisions of the department, through their respective bureau chiefs, both in the operating program in the City and County of Honolulu and in their consultative functions to the health officers and subordinate staff of the departments in the "outside" counties. The establishment of this bureau, centralizing therein the administrative phases of the health program in the four counties, is of fundamental importance. It is suggested that the position of Assistant Health Executive be redefined as Chief of the Bureau of Local Health Services.

Subordinate divisions would be:

a. The Division of Public Health Nursing, which would be headed by a Director, and would have an Assistant Director who would serve as educational director. Within this division would be grouped the specialized consultants in such fields as venereal disease nursing, tuberculosis nursing, orthopedic nursing and maternal and child health nursing.

b. The Division of County Health Officers and Government Physicians, which would be headed by the Chief of the Bureau of Local Health Services and would supervise not only the county health officers, but also, through them, the government physicians of the various counties, bringing about a closer integration of the work of the government physicians into the public-health program.

In the City and County of Honolulu, the various specialists throughout the bureaus and divisions of the department should have direct responsibilities in the operation of the program in addition to their planning and supervisory duties at a territorial level. In so far as they assume operational responsibility in the program for the City and County of Honolulu, they should be directly responsible to the Chief, Local Health Services. Personnel formerly carried on budgets and organization charts of the various bureaus and divisions, but who functioned exclusively in the health program for the City and County of Honolulu, should be transferred to a budget for the City and County and should be administratively set up in the Honolulu organization. Under the Chief of Local Health Services, there will be required a Chief of Public Health Nursing for the City and County of Honolulu and a Chief Sanitary Officer. Other adjustments may be necessary in organization and assignment of personnel in the Oahu program.

The Territorial Department of Health should be divided into four major bureaus:

1. The Bureau of Local Health Services, headed by a Chief, who would directly supervise the health officers of the "outside" counties, and be in active charge of the public-health program for the City and County of Honolulu. He would be responsible for the coordination of the activities of the divisions of the department, through their respective bureau chiefs, both in the operating program in the City and County of Honolulu and in their consultative functions to the health officers and subordinate staff of the department in the "outside" counties. The establishment of this bureau, centralizing therein the administrative phases of the health program in the four counties, is of fundamental importance. It is suggested that the position of Assistant Health Executive be redefined as Chief of the Bureau of Local Health Services.

Subordinate divisions would be:

a. The Division of Public Health Nursing, which would be headed by a Director, and would have an Assistant Director who would serve as educational director. Within this division would be grouped the specialized consultants in such fields as venereal diseases nursing, tuberculosis nursing, orthopedic nursing and maternal and child health nursing.

b. The Division of County Health Officers and Government Physicians, which would be headed by the Chief of the Bureau of Local Health Services and would supervise not only the county health officers, but also, through them, the government physicians of the various counties, bringing about a closer integration of the work of the government physicians into the public-health program.

2. The Bureau of Preventive Medicine. With the general advances in the specialized fields of public health, and particularly since the advent of federal grant-in-aid programs in specified fields, there has been a tremendous expansion of such programs over the past ten years; for example, venereal-disease control, maternal and child health, nutrition, mental hygiene, industrial hygiene, cancer control and dental health. With the increasing awareness and interest of the public and, particularly, of legislators, in the continued promotion of such work, further expansion may be anticipated. Only within the last year have federal grants in aid become available in the field of tuberculosis control, and several bills are now pending before the Federal Congress which would carry further grants in such fields as mental hygiene, dental health, industrial hygiene, cancer control, and others.

In order to benefit to the utmost from such grants, the Territorial Board of Health must be ready to develop comprehensive plans, budgets and reports for the various federal agencies. These, together with the multitude problems of program planning and administration, have multiplied the supervisory work of the Department; and the time has been reached when it is impossible for the health officer himself to supervise adequately all such specialized programs.

To meet this problem many states have grouped these programs in a bureau commonly called the Bureau of Preventive Medicine, with a bureau chief who has had broad experience in one or more of the specialized fields, and who has demonstrated himself to be a capable administrator. This chief is then delegated the authority and responsibility for the supervision of these special programs. This has proved to be not only a tremendous advantage in meeting the various federal requirements, but has been reflected in the improvement of the individual programs themselves. Probably more important, it has given definite coordination and continuity to the several specialized programs, and has stimulated a closer integration and planning of the various programs as they are placed in actual operation in the several local jurisdictions.

The establishment of such a bureau is strongly recommended, and is a second fundamental change recommended in the organization of the department.

The position of chief of the Bureau of Preventive Medicine would be a new position. The chiefs of the bureaus of Local Health Servicesand Preventive Medicine, together with the chief of the Bureau of Sanitary Engineering, would then handle much of the detail of administration and program analysis and planning, which now comes to the executive officer of the department. It is only through this reorganization and creation of one additional

top executive position that the hands of the executive officer can be properly freed from the multitudinous detail which now comes to him. Within this bureau would be grouped the following divisions:

a. The Division of Laboratories, headed by a physician, who should be required to have special training in the field of laboratory medicine, a certificate from the American Board of Pathology, and progressive experience in tissue pathology, bacteriology and serology. The Division of Laboratories would be responsible for all laboratory analyses performed by the department. The laboratory would have no direct responsibilities in the administration of programs involved in such laboratory analyses. On the other hand, divisions such as Food and Drug, Milk Sanitation, Water Sanitation, and so forth which have formerly made little distinction between the operation of the specialized program and the incident laboratory examinations, would no longer hold any responsibility for the laboratory examinations; but would base administrative actions on laboratory reports received from the Division of Laboratories. The Director of Laboratories would cooperate with other division heads under supervision of the bureau chiefs in special epidemiological studies. The laboratory would be equipped for tissue pathology, and the Director of Laboratories would serve as a consulting pathologist, without fee, to any practicing physician in the Territory, under a plan approved by the Territorial Medical Society. The Board of Health laboratory would also analyze specimens or tissues, toxicologically or pathologically on the request of any competent officer of Government--the sheriff, coroner, county health officer, government physician, autopsy surgeon or others and the Director of Laboratories would be available for consultation.

The committee is not prepared to make final recommendations with regard to a coordinated system of forensic medicine in the Territory. On the basis of facts available to the committee, it appears that this is a subject which should receive careful consideration from the various interested agencies. It would appear that with the establishment of a Division of Laboratories in the Board of Health, and with available personnel who are well qualified in the fields of pathology and toxicology, the facilities of this Division of Territorial Government might well be used as a nucleus for a well-integrated forensic medicine setup.

Two classes of necropsies are involved:

1) Sudden deaths when a person was in apparent good health, deaths unattended by a physician, and deaths wherein the cause has not been verified but no criminal evidence is involved.

2) Sudden or violent deaths, or deaths under circumstances suggestive of foul play, and where criminal evidence is or may be involved.

In the first class of deaths, the determination of cause is primarily a matter of health importance. In the latter class, factors of health importance are present, but the primary interest falls within the province of the sheriff and public prosecutor. A coordinated program, however, may eliminate duplication of function and facility and result in public economy and efficiency. It is therefore recommended that all interested agencies study the problem and analyze the merits of such a system.

b. The Division of Tuberculosis Control, which would continue to function in its present capacity--that of operating the tuberculosis control program for the City and County of Honolulu, and serving as consultants in the programs in the "outside" counties.

In the tuberculosis-control program, perhaps to a greater degree than in any other program of the Board of Health, cordial and close cooperative relations are necessary with other official and voluntary agencies in the field. The program of the health department, the various tuberculosis sanitoria, the tuberculosis societies, the welfare department, and welfare agencies are necessarily interwoven.

A clear understanding on the part of all agencies concerning their respective responsibilities and fields of activity, and a smoothly operating manual for the various agencies may be of assistance in this regard.

c. The Venereal Disease Control Division, which would continue as presently constituted.

d. The Division of Maternal and Child Health and Crippled Children, which would continue to function as presently constituted, with the exception of the removal from that division of the present nutrition services which would be established as a separate division of the Bureau of Preventive Medicine.

e. The Division of Epidemiology, which would be developed around the present Bureau of Communicable Disease Control. It would be the function of this division to administer the communicable disease morbidity and mortality reporting services in cooperation with the Division of Public Health Statistics, and to conduct epidemiological investigations and studies relevant to the occurrence and control of communicable diseases in the Territory. Close cooperation must exist between this division and those divisions interested in specific disease problems. The

director of necessity would be unusually skilled in epidemiology, biostatistical analysis, and the orderly presentation and interpretation of statistical material concerning the occurrence, incidence and prevalence of disease problems in the community. Based upon the work of this division and interpretations to the chief of the Bureau of Preventive Medicine, the operating program of the department would be moulded to meet problems as they present themselves.

f. The Division of Mental Hygiene, which would continue as constituted, laying constant stress on the preventive aspects of the program.

g. The Division of Nutrition, which would be developed around the nutrition services now in the Bureau of Maternal and Child Health, with augmentation of personnel and broadening of the program to provide nutritional consultation to all public or non-profit action agencies having an interest in the field of diet and health. Such a division is one of the basic divisions of the modern health department and should be materially strengthened.

Adequate knowledge of food values, intelligent selection of foods and the actual development of proper dietary practice are factors of primary importance in the public health of the community. The health department should be the backbone of this community nutrition service, cooperating with all community agencies having an interest in nutrition.

The division should establish minimum dietary standards for various racial groups, age groups and occupational groups, in the light of their dietary preferences, and should work with relief agencies to the end that food allowances are adequate. Promotion of proper dietary practice in the schools through precept and practice is fundamental. In the treatment of certain metabolic diseases the institution of a special dietary service to physicians upon request might well be considered.

h. The Division of Geriatrics and Cancer Control. With the reduction in mortality rates in the younger age groups, degenerative diseases are becoming of more and more concern to official health agencies. Cancer and other degenerative diseases are annually accounting for a larger proportion of deaths. At the same time, due to advances in medicine, cancer, heart disease, and the other degenerative conditions are no longer looked upon as "inevitable." They are, in reality, preventable diseases--if recognized in incipiency and if early and proper medical therapy and guidance are available. The dissemination of these facts is a field of fruitful endeavor in the field of public health education. At the same time, it appears that certain public medical facilities and programs will be necessary.

Taking cancer, for example, the early recognition of the disease or pre-cancerous conditions, with the institution of proper medical treatment early, will unquestionably cure or prevent a large proportion of such cases. An educational program alone, however, will accomplish little in attaining the objective. Along with this we must have physicians who are interested in the preventive phases of the problem and who have sufficient knowledge and interest to conduct competent examinations in the field. Many such examinations are time-consuming and expensive. Persons who are in apparent health will seldom undergo such examination even after being convinced that they should, if the cost of the examination is such as to be a financial burden. It is therefore basic in the establishment of a cancer-control program that a clinic be established under independent or health department auspices, equipped with the necessary diagnostic equipment, and staffed by a group of physicians having special interest and competence in such work.

The director of the program should have extensive experience in cancer-control work, and be adequately qualified by special training in internal medicine, radiology, and pathology. He should be employed on a full-time basis. Other members of the group might well be practicing physicians employed on a consultative basis in the fields of internal medicine, radiology, pathology and surgery. The clinic should be available on a consultative basis without charge, for physical, x-ray, pathological or other diagnostic procedure, and in the case of medical indigency, should be prepared to carry out curative procedures at local hospitals and in the clinic. Such a program, of necessity, would require close cooperation between the health department and the medical profession through the medical society. There are established patterns of operation which might well be taken as guides in the field of Cancer Control.

The general field of Geriatrics is newer, but is becoming recognized as a field meriting the attention of health departments. Cancer control is a part of the broad field of geriatrics, and during the developmental stages, the entire field should be covered by one division.

i. The Division of Dental Health. Recent Selective Service rejection rates have pointed out the serious need for increased attention to dental health. The subject has not been ignored in the Territory as the Department of Public Instruction has a basic program in the public schools, and treatment facilities are available for indigent at Palama Settlement. However, neither dental health nor its broader aspects such as the etiology and prevention of dental caries have ever received the attention of the Health Department.

The Health Department should include a Division of Dental Health, headed by a dental surgeon who has training and experience in public health and preventive dentistry. The program of the division should be developed with the full cooperation of the Dental Society and the Department of Public Instruction. Because of the heterogenous population and certain unique environmental factors, the opportunity is present in Hawaii for valuable epidemiological studies in the causes and prevention of dental caries.

j. Other Divisions:

Industrial Hygiene formerly has been concerned with the prevention of industrial accidents, the recognition of and elimination of industrial hazards which might lead to occupational disease resulting from exposure to toxic materials. In recent years, however, the subject has taken on new significance. No longer is communicable disease and the general health of the worker an individual problem. Industry has recognized a total interest in the health of the worker, and industrial hygiene programs are becoming known as industrial medical programs. The prevention of industrial accidents and, to a degree, the prevention of industrial disease arising out of exposure to toxic materials is an engineering problem. A minimal program of this nature is carried out by the Board of Health in the Division of Sanitation. Hawaii, not being heavily industrialized, has few problems of industrial disease as represented by lead, heavy chemicals, silica, industrial solvents, and so forth. Exposure to bagasse dust in other areas has given rise to pulmonary disease. This subject has not been adequately investigated in Hawaii. If the Health Department is to assume its total responsibilities in the field of industrial medicine, the work should be centered in an Industrial Hygiene Division in the Bureau of Preventive Medicine, headed by a physician who has had broad experience and training in industrial medicine. Preliminary studies should be made by the Board of Health to define the problem in Hawaii and to determine whether the magnitude and scope of the problem is such as to demand immediate attention.

Hawaii is the gateway to the Orient; fortunately, however, to date it has had little experience with the exotic diseases of the tropics. Particularly in the postwar world, with the rapid expansion of world commerce, the possibility of introduction of such diseases into Hawaii is not too remote. The physicians of Hawaii should have thorough knowledge of the world incidence, the signs and symptoms of all such diseases so that they may recognize them immediately. In the absence of day-to-day contact with these diseases, refresher courses and lectures in such subjects are of public-health importance.

3. The Bureau of Sanitary Engineering as presently constituted, with minor revisions, would constitute the third major bureau of the department, and should be composed of the following divisions, each under the direction of a professional director:

A. The Division of Water, Sewage and General Sanitation
B. The Division of Milk and Food Handling Establishments
C. The Division of Pure Food and Drug
D. The Division of Rodent Control
E. The Division of Insect Control
F. The Division of Industrial Hygiene and Housing (until such time as a Division of Industrial Hygiene is established in the Bureau of Preventive Medicine)

Each of these divisions would function as indicated by title under the direction of the Bureau Chief.

In grouping the several functions of the Bureau of Sanitation into the several divisions, attention has been given to the professional qualifications required for the professional head of the several divisions.

The Division of Water, Sewage and General Sanitation should be headed by a sanitary engineer. It is suggested that the Bureau Chief head this division until such time as the volume of work in the Bureau and the Division demands additional personnel.

Milk Sanitation, aside from the veterinary aspects such as tuberculosis, brucellosis and mastitis in the herds, is a specialized problem in sanitation requiring knowledge of milk processing equipment, milk bacteriology, milk-processing and distribution methods. At the present time, the most competent courses of instruction in this field are in schools of public health engineering; unfortunately, schools of veterinary medicine have largely slighted this subject. It is not important whether the director of such a division be a veterinarian, a sanitary engineer, or a biologist or bacteriologist, so long as he is qualified by education and experience to administer an effective milk control program. The field of food handling, including abattoir, grocery and restaurant sanitation, is closely allied to milk control so far as the basic education and training of the division chief is concerned; and, if anything, requires less highly trained skills. It is therefore proposed that the chief of this division have fundamental training and experience in milk sanitation.

In staffing the Divisions of Rodent Control and Insect Control, it is not considered essential that either such position be filled by a sanitary engineer, although such is general practice in most health departments. Rodent Control is a biological problem, involving not only rat-proofing but trapping, poisoning

and other biological fields. An individual with a well-rounded background in public health, but with special training in biology, bacteriology and administration should be able to carry on the program competently. In the field of insect control; since there is no anopholene or salt-marsh mosquito breeding in the Territory, the control program will have few engineering aspects. From this standpoint the division might well be headed by an entomologist; under any circumstances a well qualified entomologist will be necessary in the division.

As suggested previously, it may be determined that the Division of Industrial Hygiene should be transferred to the Bureau of Preventive Medicine, with a physician in charge. Until this time, no change is contemplated in the present setup with a well qualified sanitary engineer in charge, giving additional attention to housing. It may eventually prove desirable to establish a Housing Division, particularly when Industrial Hygiene is transferred to the Bureau of Preventive Medicine.

4. The Bureau of Central Administration. It is recommended that those activities of the Department which are of general service to all Bureaus and Divisions be grouped together in a Bureau of Central Administration. Public health statistics, public health education, budget control and accounting, property control, and personnel administration are such functions.

It is recognized that there is a wide disparity of function in certain of these activities, and that the division directors must of necessity have a considerably wider latitude of action within this bureau than would be necessary in other bureaus. At the same time, each function is of such nature that it is normally headed by a non-medical person; and there are close parallels in methodology between accounting and public-health statistical procedure or the production of public-health educational materials and the general duplicating work of the department. Too, these fields are those in which non-medical public health administrators are trained and have experience; therefore it should be reasonably easy to employ a bureau chief who would have the broad training and experience necessary to supervise these activities in spite of the seeming wide range of fields involved. Within the bureau should be the following Divisions:

a. The Division of Business Management, representing in part the functions of the present Chief Clerk and Budget Officer. The procurement of equipment and supplies, the maintenance of storerooms and inventories, the maintenance of buildings, business machines, motor vehicles and other equipment is an important and rather specialized field in the department. The establishment of such a division would permit instituting a system of centralized purchasing and supply, taking advantage of bulk-price discounts, etc.

General duplicating and multilithing should be a function of this division. The more general use of multilithing for reproduction of forms, reports and similar materials should substantially reduce the printing expense of the department. The establishment of an orderly system for the maintenance of mechanical equipment should also result in a considerable saving through control of loss by deterioration.

b. The Division of Personnel Administration as presently constituted, and with expansion as necessary to serve adequately the department in the recruitment and placement of personnel, with a broad program of in-service training in cooperation with the other divisions of the department.

c. The Division of Public Health Statistics, which would include the work of the present Bureau of Vital Statistics, but would be broadened to incorporate morbidity reporting and the tabulation, analysis and reporting of all reports and statistics of public-health interest.

All work relating to the collection, organization and analysis of statistical data in the department would thus be brought together within a single unit. The division would handle not only deaths, births, stillbirths, marriages, divorces, but also morbidity data and reports of health-department activities.

The organization of the division would normally break down into three sections: (1) Registration and Records, (2) Tabulation, and (3) Analysis and Reports. The Registration and Records Section would function in the promotion of complete and accurate registration of all events of public-health significance, and provide accessible filing and permanent safekeeping of these records. It also would issue certified copies of basic records and prepare record transcripts for the Federal Bureau of Census. The use of microfilm equipment for the maintenance of working files has proved most satisfactory. Legally acceptable certified copies may be prepared from such film with efficiency, thus eliminating many long and tedious searches of the original records.

The Tabulation Section can most efficiently function through use of electrical accounting machines based on conventional punch cards.

The Analysis and Reports Section would analyze the data available in the Records Section and present analyses in such way that they will be of maximum value to the department and allied agencies. Valid analysis of data not only requires the application of appropriate statistical principles to the material already collected, but also calls for the use of such principles in determining the character of the primary records and the procedures to be employed

in collecting the initial records. These functions, as well as the preparation of final tabulated reports, the computation of statistical constants, and the interpretation of the resulting analyses, would be performed by this section.

Efficient accurate procedures have been developed for such functions as an up-to-date, functioning tuberculosis register, a venereal disease central registry, communicable disease registries, laboratory reporting system, and so forth. Such data not only is available for routine reports, but it is in such form that special studies are easily instituted. Well-developed procedures are also available for the efficient processing of all types of birth and death reports.

d. The Division of Public Health Education, which should be enlarged to offer a total community health-education program, and in cooperation with the Division of Personnel Administration and the several Division Chiefs, an in-service program of professional training. Community organization work, library and reference service and editorial service would be included. Public health education, which is a keystone in the public health program, is of paramount importance. The personnel of this division should consist of a minimum of the following personnel: a director, an editorial associate, two health-education consultants, two health educators, and office personnel of approximately four stenographers and clerk-typists.

In developing an expanded program of public health education, the resources of the health department should not be considered a limiting factor. The program should be jointly planned with the numerous other public and private welfare and educational agencies, with close integration of the programs of the various official and non-official agencies in the field.

In addition to the well-established techniques in the field of public health education, some of the newer methods are deserving of serious consideration.

A Bureau of Medical Services. With the present trend in the federal legislation and the increasing interest of influential groups of citizens in matters affecting public health and medical care it is almost certain that substantial federal aid will become available to the states and territories in new fields. In the field of physical facilities for health departments and hospitals, one such piece of legislation has progressed to the point of almost certain passage. This legislation, to be administered through the United States Public Health Service, will make funds available as grants in aid for studies and surveys in the field of health-center and hospital-bed needs, and will also make substantial funds available for grants in aid in the construction program.

The legislation requires that the program be administered through one single department of the state government, and also requires that plans be submitted to and approved by the United States Public Health Service.

Anticipating such legislation, surveys of health-center and hospital-bed needs have been started in 19 states and the District of Columbia, legislation authorizing surveys has been passed in 8 other states, while in three additional states such surveys are being started through official action of their respective governors. These surveys, coordinated through the Commission on Hospital Care, will unquestionably be accepted by the United States Public Health Service as basic units of the state plan in the allocation of funds.

Because the State or Territorial Health Department is usually the one agency of state government in the medical field, and because of the long, mutually cordial relationships which exist between the various boards of health and the United States Public Health Service, it would appear logical, and in fact highly desirable, that the Board of Health be the agency designated in the Territory of Hawaii to administer these grant-in-aid programs.

It is therefore proposed that a Bureau of Medical Services be approved in principle, to be composed of such divisions as prove necessary to accomodate possible expansion in the fields of hospital surveys, grants in aid for the construction of health centers and hospitals, and so forth.

GENERAL CONSIDERATIONS

Physical Facilities

In spite of the construction of two health centers in Honolulu under grants from the Federal Works Agency, the facilities in Honolulu for housing the various bureaus and divisions of the Board of Health, are grossly inadequate. A new building for the Board of Health, adequately designed to accommodate all of the departments, is urgently needed. The facilities at the Kapahulu and Lanakila Health Centers should be available for use in the local health program exclusively. In addition, the new building for the central department should have a section devoted to the local health department functions for Honolulu, thus in effect creating three health centers in Honolulu, and adequate facilities for the central department.

In Hilo, Wailuku, and Lihue, the facilities for the county health departments are very inadequate, and in each instance new

facilities should be provided. In addition, modest but modern, clean, and attractive facilities should be strategically located in several districts of each county, serving as health centers for the rural areas of the Territory. Appropriations from the Territorial legislature for this purpose should be sought. It is entirely probable that federal grants in aid may be available to assist in this program.

Appropriations

By legislative action all funds appropriated to the department are earmarked for specific bureaus or divisions, and may not be transferred for use in another division without extensive justifications and approval of the Governor. On the other hand, federal grant-in-aid funds from several sources are available for use within any division or bureau of the department, upon budget approval, and are available for expenditure by the department within the limit of the allotments. This is not true with territorial funds, as funds appropriated to an individual division revert to the general fund unless extraordinary action is taken on the part of the Governor, authorizing the specific transfer of funds.

The inability of the Board of Health to transfer territorial funds from one division or bureau to another, as they may do with federal funds, is a great handicap to efficient administration. The Territorial Board of Health is an executive board having full power to govern the activities of the department, and the President of the Board is a bonded officer. All legislative appropriations made in support of the Board of Health should, in the interest of economy and efficiency, and after budget estimates are submitted by bureau and division, be appropriated in a single departmental appropriation for use as authorized by the Board of Health.

Supporting schedules by activity would continue to be submitted whenever budget estimates are prepared for the legislature. Granting of quarterly allotments to the department would continue to give the necessary budgetary control by the Bureau of the Budget. Although the request for quarterly allotments would be made for the entire department, a supporting schedule, detailed by activity would be submitted.

The accounting system would provide for a single appropriation ledger which would reflect a summary of allotments and the expenditures made against the allotment quarterly. Such a plan would make possible a more efficient system of processing claims, and the abolishing of separate activity ledger controls would eliminate existing voluminous detail.

School Health

There are many divisions in the health department, including Health Education Division, Maternal and Child Health Division, and Sanitation Division, which have interest in school health programs. There are undoubtedly several divisions in the Department of Public Instruction which have similar interests. In order that there may be a well-rounded comprehensive school-health program it would appear necessary that an adequate interdepartmental administrative mechanism be established. Several possibilities are available. A joint committee with representatives from the interested divisions of the Board of Health and Department of Public Instruction might be established as a permanent operating agency; or the Department of Health and Department of Public Instruction might establish coordinating sections in their respective agencies, each section representing the total interests of the respective departments in the program. Under this latter plan a school health section should be established in the Bureau of Local Health Services or in the Maternal and Child Health Division; and, the section head should have experience and training not only in the broad aspects of public health but also in the field of education. He would be responsible for the necessary stimulative and liaison work with the Department of Education. The various responsible bureaus and divisions of the Health Department would be charged with the detailed working program.

Communicable-Disease Hospitalization

At the present time, regulations of the Board of Health do or should require isolation and hospitalization of certain communicable diseases. The provision of communicable-disease hospital beds however, has been left to the various voluntary hospitals of the community; this leaves much to be desired. In the first place, the construction and maintenance of a communicable-disease unit by a voluntary hospital is a marked financial liability, and where each voluntary hospital attempts to maintain beds for communicable disease this liability is multiplied. At the same time, because such units are usually operated at a considerable financial loss, no voluntary hospital can be expected to build, equip, and maintain a communicable-disease unit of highest quality.

There is also constant friction arising between patients and hospitals. Patients who feel (rightly or wrongly) that there is no physical necessity for hospitalization are reluctant to pay large hospital bills just because the regulations of the Board of Health may require such hospitalization to protect the public health. The public may legitimately expect the official agency requiring such hospitalization in the interest of the public health to provide this hospitalization without undue expense to the individual. No recommendations are made as to the location of such facilities, or as to the ultimate management of such hospital

School Health

There are many divisions in Ceylon in the Health Department, including Health Education Division, Maternal and Child Health Division, Sanitation Division, which have developed well-defined public health programmes. These are distributed amongst various Divisions in the Department of Public Instruction which have similar programmes. In view of this, there may be a well-rounded comprehensive school health program. It would appear necessary that an adequate supervisory department administering school health be established. Several possibilities are available. A public health specialist with vast experience from the integrated divisions of the Ministry of Health and Department of Public Instruction might be established as a permanent supervising agency; or the Department of Health and Department of Public Instruction might establish equivalent agencies in their respective agencies, each matching representing the public interests of the respective departments in this program. Under this latter plan a school health service should be established in the Bureau of Local Health Services or in the Maternal and Child Health Division; and the section head should have experience and training not only in the broad aspects of public health, but also in the field of education. He would be responsible for the necessary administrative and liaison work with the Department of Education. The various responsible Divisions and divisions of the Health Department would co-operate with him in detailed working program.

Communicable-Disease Hospitalization

At the present time, regulations of the Board of Health Ceylon should require isolation and hospitalization of certain communicable diseases. The provision of communicable-disease hospitals does however, has been left to the voluntary hospitals of the community; this leaves much to be desired. In the first place, the construction and maintenance of a communicable-disease unit by a voluntary hospital is a marked financial liability, and where such voluntary hospital attempts to establish beds for communicable diseases this liability is multiplied. At the same time, because such units are usually operated at a considerable financial loss, no voluntary hospital can be expected to build, equip, and maintain a communicable-disease unit of highest quality.

There is also constant friction arising between patients and hospitals. Patients who feel (-[illegible]) are worried that there is no physical necessity for hospitalization. [illegible] large hospital with a good [illegible] of the Board of Health [illegible] such [illegible] the [illegible] Health [illegible] individuals [illegible] such facilities, or as to the ultimate management of such hospital

beds; however, it is believed that the Board of Health should study the primary responsibilities involved and make suitable arrangements.

Postgraduate Medical Education

It was suggested in a previous section relating to the subject of tropical diseases that it is important from a public-health standpoint that physicians be in a position to diagnose diseases foreign to their usual experience, and refresher courses and lectures were indicated. In other fields public health is a growing subject; in these fields too, it should be the responsibility of the Board of Health to keep the physicians of the community informed. It is therefore recommended that the Board of Health take cognizance of these facts and finance a well-planned program of postgraduate education for physicians, nurses, and other interested groups in the Territory. The programs should be planned jointly with the various professional groups.

Indigent Medical Care

At present government physicians are employed by the Board of Health, and to a limited degree function in the operation of the public-health program. To a larger extent, however, they are responsible for furnishing medical care to the indigent. The individual government physicians are largely responsible for all phases of the indigent medical care program as financed by the Department of Welfare which creates an anomalous situation of divided authority and responsibility which cannot help being cumbersome and confusing. It is therefore highly desirable that this subject receive careful consideration by the departments involved, or by a referee, and that governmental authority and responsibility for total indigent medical care be centralized within one department of the government.

Personnel Classification

The committee has not studied in detail all of the existing position descriptions and classifications assigned to the various positions within the Department of Health. The subject has been investigated to the degree that several discrepancies have been encountered in qualifications of experience and training and in classification. In general, it may be stated that there is a feeling that the specified qualifications for many of the more responsible positions in the Department of Health are too low. This is also true in many subordinate types of positions, such as those of sanitary inspector.

It is believed that the classifications of some of the more responsible positions in the department also are too low and there are instances of inequality in the assignment of classification to positions requiring equal experience and training.

bodies, however, it is believed that the Board of Health should study the primary responsibilities involved and make suitable arrangements.

Professional Personnel Problems

It was suggested in a previous section, relating to the subject of tuberculosis diseases, that it is important from a public-health standpoint that physicians be in a position to diagnose diseases of foreign to their usual experience, and information concerning lectures were indicated. In other fields public health is a growing subject; in these fields too, it should be the responsibility of the Board of Health to keep the physicians of the community informed. It is therefore recommended that the Board of Health [illegible] of these facts and finance a well-planned program of [illegible] education for physicians, nurses, and other interested groups in the territory. The programs should be planned jointly with the various professional groups.

Indigent Medical Care

At present government physicians are employed by the Board of Health, and to a limited degree function in the operation of the public-health program. To a larger extent, however, they are responsible for furnishing medical care to the indigent. The individual government physicians are largely responsible for all phases of the indigent medical care program as financed by the Department of Welfare which creates an anomalous situation of divided authority and responsibility which cannot help being cumbersome and confusing. It is therefore highly desirable that this subject receive careful consideration by the departments involved, or by a referee, and that governmental authority and responsibility for total indigent medical care be centralized within one department of the government.

Personnel Classification

The committee has not studied in detail all of the existing position descriptions and classifications assigned to the various positions within the Department of Health. The matter has been investigated to the degree that several discrepancies have been encountered in qualifications of experience and training and in classification. In general, it may be stated that there is a feeling that the classification [illegible] for many of the more responsible positions in the Department of Health are too low. This is also true [illegible] other types of positions, such as those of analytical chemists.

It is believed that the classifications of some of the more responsible positions in the department also have too high a [illegible] of training in the assignment of classification to positions requiring equal experience and training.

A detailed review of position descriptions and classification of positions in the department is of utmost importance. Qualifications for such positions should be sufficiently high to assure that new employees are capable of performing outstanding service. Classifications must be high enough to attract competent persons to public service. Limiting specific recommendations, it would appear essential that the following specified positions be described and classified at the minimum grades indicated:

P-8 Chiefs of the Bureaus of Local Health Services, Preventive Medicine, Sanitary Engineering, and Medical Service, if and when established.

P-7 Directors of the Divisions of Laboratories, Tuberculosis Control, Venereal Disease Control, Maternal and Child Health, Epidemiology, Mental Hygiene, Geriatrics and Cancer Control, Dental Health and Industrial Hygiene, if and when the last-named division is established.

Inter-agency Relations

The committee considered at some length the present general structure of inter-agency cooperation. Several areas were pointed out as being examples of lack of coordination. In one instance another subcommittee--that on Healthful Housing--pointed out what appeared to them to be a lack of proper coordination between some four agencies dealing with housing. It is felt, however, that the machinery for cooperation exists in most cases if the individuals involved choose to use it. No detailed review of the various relationships necessary in each field of public health has been attempted. The committee feels that it cannot go beyond a strong recommendation that all possible channels be used to increase coordination.

Two specific recommendations are made:

1. As soon as possible, the Oahu Health Council should begin to function as an active force in increasing inter-agency coordination. Member agencies should be made aware of the policies, function and methods of operation of other agencies with whom they might have contact. As an example, voluntary welfare agencies should be aware of the fact that public health nurses and nutritionists of the Board of Health are available to help them in health problems or staff education.

2. Each agency should have a manual of operating policy and procedure with pertinent detail concerning the various operating programs of the agency and including a description of the division of responsibility between that agency and other agencies in the various fields of public health. The manuals should be kept up to date through

periodic revisions as necessary. Sample forms, correctly executed, should be included. Such manuals would be of value in staff education, and an interchange of such manuals between agencies would appear to be particularly valuable in understanding and working out inter-agency problems.

Public Health Law and Regulations

The Revised Laws of Hawaii, 1945, and the Session Laws of Hawaii, 1945, have been reviewed by the committee in so far as they relate to the overall administrative problems in the health program. Pertinent comment on certain phases of the law are incorporated in other paragraphs of this report. This committee has not analyzed in detail the various laws as they pertain to the operation of specialized programs; this falls within the scope of the several subcommittees studying these specialized problems and programs.

In relation to the proposed reorganization of the bureaus and divisions of the Board of Health, it would appear clear in the law (Ch.35, Sect. 2001-2012, RLH 1945) that the Board of Health has all necessary authority for such reorganization. At the same time, certain bureaus of the department have been created as such by acts of the legislature. Specifically, bureaus of Crippled Children, Mental Hygiene, and Vital Statistics are designated by law, as is the position of Food Commissioner.

It is the usual practice in health departments to term the major subdivisions as "bureaus", each composed of "divisions". If this practice were followed in Hawaii, it would probably require legislative action in regard to the title for the above listed functions.

The Laws of the Territory of Hawaii, as they pertain to the health program, are an accumulation of legislative acts extending over the history of the Territory. While the existing body of laws appears to be reasonably adequate in scope, there are many laws on the statute books which are no longer significant in all detail in the light of modern medical and public health knowledge and practice. There are other areas in which legislation appears very weak. As an example, the powers of the Board of Health to make and enforce regulations are defined in numerous sections of the law. In each instance, the field in which rules and regulations may be adopted are specifically set forth in the law, and there are no general provisions authorizing rules and regulations in other fields of public health importance not specifically covered by law. There appears to be inadequate authorization in law, either specific or general, for regulations governing the control of communicable diseases, swimming pools, rodent control, quarantine, examination of school children, embalming, funeral parlors, fumiga-

periodic revisions as necessary. Sample forms, correctly executed, should be included. Such manuals would be of value in staff education, and an interchange of such manuals between agencies would appear to be particularly valuable in understanding and working out inter-agency problems.

Public Health Law and Regulations

The Revised Laws of Hawaii, 1945, and the Session Laws of Hawaii, 1945, have been reviewed by the committee in so far as they relate to the overall administrative problems in the health program. Fundamental comment on certain phases of the law are incorporated in other paragraphs of this report. This committee has not analyzed in detail the various laws as they pertain to the operation of specialized programs; this falls within the scope of the several subcommittees studying these specialized problems and programs.

In relation to the proposed reorganization of the bureaus and divisions of the Board of Health, it would appear clear in the law (Ch.35, Sect. 2001-2012, RLH 1945) that the Board of Health has all necessary authority for such reorganization. At the same time, certain bureaus of the department have been created as such by acts of the legislature. Specifically, Bureau of Crippled Children, Mental Hygiene, and Vital Statistics are designated by law, as is the position of Food Commissioner.

It is the usual practice in health departments to term the major subdivisions as "bureaus", each composed of "divisions". If this practice were followed in Hawaii, it would probably require legislative action in regard to the title for the above listed functions.

The laws of the Territory of Hawaii, as they pertain to the health program, are an accumulation of legislative acts overlaying over the history of the Territory. While the existing body of laws appears to be reasonably adequate in scope, there are many laws on the statute books which are no longer significant in detail in the light of modern medical and public health knowledge and practice. There are other areas in which legislation appears very weak. As an example, the powers of the Board of Health to make and enforce regulations are defined in numerous sections of the law. In such instance, the field in which rules and regulations may be adopted are specifically set forth in the law, and there are no general provisions authorizing rules and regulations in other fields of public health importance. Many specifically authorized by law. Some appear to be inadequate authorization in law, or not specific or present, for regulations governing the control of communicable diseases, reporting points, reports of birth, examination of school children, examining, licensing practice, institu-

tion, ice cream manufacture, and a variety of other subjects of public-health significance.

Many chapters and sections of the law go into minute detail concerning the operation of the public-health program; others define the scope of the problem, charge the Board of Health with responsibility, and authorize rules and regulations to govern. In the first instance the law is frequently in need of revision because of constantly changing circumstances, while in the latter instance modification of rules and regulations satisfactorily and completely cover the problem.

It is recommended that Title 6 of the Revised Laws of Hawaii 1945, as amended, be completely rewritten, culling out the archaic material and broadening the scope as would appear necessary. In this the general principle should be adopted that it is the purpose of the law to vest responsibility and authority in the Board of Health, giving the Board of Health rather broad powers to make regulations; but that so far as the detailed programs are concerned these matters be left for incorporation in the rules and regulations of the Board of Health, and hence readily susceptible to revision with changing circumstances. The authority of the Board to make rules and regulations should be sufficiently broad that new problems may be met legally and promptly without the necessary delays incident to obtaining revision of law.

In this regard, it would appear proper that the Board of Health and the Attorney General of the Territory, working together, should prepare the text of a proposed recodification of the Public Health Law of the Territory, as well as the text of a proposed set of regulations of the Board to be promulgated thereunder, and that such a law be an administration-sponsored measure at the next regular session of the Territorial legislature.

The regulations of the Board of Health are in process of being so reorganized and published as to be available to all interested parties in one volume which may be easily kept up to date by additive revision. This is most commendable, and should be carried to completion at an early date.

Honolulu. Chamber of Commerce. Public Health Committee.
Recommendations of the Committee. 1946.