

# HB1882 HD2

Measure Title: RELATING TO PODIATRISTS.  
Report Title: Podiatrists; Podiatry; Minimum Residency Requirements; Licensure  
Description: Adopts the national standard of a minimum of 24 months in an accredited podiatric residency prior to licensure as a podiatrist, with provided exceptions. Effective July 1, 2050. (HB1882 HD2)  
Companion:  
Package: None  
Current Referral: CPN  
Introducer(s): KOBAYASHI, BELATTI, CARROLL, MATSUMOTO, OSHIRO

**PRESENTATION OF THE  
HAWAII MEDICAL BOARD**

**TO THE SENATE COMMITTEE ON  
COMMERCE AND CONSUMER PROTECTION**

**TWENTY-SEVENTH LEGISLATURE  
Regular Session of 2014**

**Thursday, March 13, 2014  
9:30 a.m.**

**TESTIMONY ON HOUSE BILL NO. 1882, H.D. 2, RELATING TO PODIATRISTS.**

**TO THE HONORABLE ROSALYN H. BAKER, CHAIR,  
AND MEMBERS OF THE COMMITTEE:**

My name is Constance Cabral, and I am one of the Executive Officers of the Hawaii Medical Board ("Board"). Thank you for the opportunity to provide testimony on House Bill No. 1882, H.D. 2, Relating to Podiatrists.

The Board respectfully asks that the language from S.B. 2468, S.D. 1 be incorporated into this bill.

On February 24, 2014, H.B. No. 1882, H.D. 1 was heard by the House Committee on Consumer Protection and Commerce. The Board requested that the House Committee make amendments to the bill that would bring it in line with the language the Board had proposed to this Senate Committee Chair for S.B. 2468. As the S.D. 1 had not been published at the time of the House Committee hearing, the House adopted the Board's recommendations and passed an H.D. 2 on February 26 that did not include the provision pertaining to currently licensed podiatrists in Hawaii.

On behalf of the Board, I would like to thank you for the opportunity to provide testimony on House Bill No. 1882, H.D. 2.



## HAWAII MEDICAL ASSOCIATION

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DATE: Thursday, March 13, 2014  
TIME: 9:30am  
PLACE: Conference Room 229

TO: COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair  
Senator Brian T. Taniguchi, Vice Chair

FROM: Hawaii Medical Association

Dr. Walton Shim, MD, President  
Dr. Linda Rasmussen, MD, Legislative Co-Chair  
Dr. Ron Kienitz, MD, Legislative Co-Chair  
Dr. Christopher Flanders, DO, Executive Director  
Lauren Zirbel, Community and Government Relations

Re: HB 1882

Position: In strong support.

This measure adopts the national standard of a minimum of 24 months in an accredited podiatric residency prior to licensure as a podiatrist, with provided exceptions. We support this measure.

The HMA also wanted to note that we reached an agreement with the Hawaii Podiatric Medical Association regarding HB 1880. HMA will support this legislation with the following amendments added to the bill: A podiatric physician may perform ankle fracture surgery if board qualified or board certified in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery and completed a 36 month podiatric surgical residency.

We would also support HB 1880 & HB 1882 combined into one bill given that training and scope expansion go hand in hand.

Thank you for the opportunity to testify.

*Officers*

*President - Walton Shim, MD President-Elect – Robert Sloan, MD  
Secretary - Thomas Kosasa, MD Immediate Past President – Stephen Kemble, MD  
Treasurer – Brandon Lee, MD Executive Director – Christopher Flanders, DO*



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March 13, 2014

Testimony To: Senate Committee on Consumer Protection and Commerce  
Senator Rosalyn H. Baker, Chair

Presented By: Tim Lyons, Legislative Liaison  
Hawaii Podiatric Medical Association

Subject: H.B. 1882, HD 2 - RELATING TO PODIATRISTS

Chair Baker and Members of the Committee:

I am Tim Lyons, Legislative Liaison for the Hawaii Podiatric Medical Association and we support this bill.

This bill has adopted the amendments suggested by the Chair at the hearing for the Senate Companion. We concur with that amendment.

We recommend your favorable adoption.

Thank you.

Senator Roz Baker and the Commerce and Consumer Protection Committee:

I am Linda Ho, practicing podiatrist, and I support this bill. I was born and raised here, a proud graduate of Pearl City High School Class of 2002, and I studied in the mainland, always with the intent of going home to bring back and contribute what I was able to find as my purpose in life back home. As fate would have it, the path led to podiatric medicine. Podiatric medicine is a profession that is an untapped resource whose potential can only bring benefit to the people of Hawaii. With Hawaii's population of growing diabetic patients, Hawaii's population of increasingly active seniors with the baby boomers, our generalized population of proudly barefooted walkers, it is our profession that helps keep our nation healthy and on their feet. These two bills HB 1880 and 1882 will assist with fortifying our profession's goal to uphold the quality of care that Hawaii's people deserve to keep them on their feet: to ensure that qualified and trained podiatrists can fully demonstrate what we were trained to do from an either 24 month or 36 month residency. I have colleagues who are also Kama'aina who are training in the mainland, with the intention to return home to indeed serve our home. I am hopeful that these bills will enable them to fill the constant brain drain that this state is suffering from.

The opportunity that these bills offer is to increase the chance for newly trained podiatrists to demonstrate what further training and skills that have been developed to improve the care of the people of Hawaii. Innovation brings the SINGLE chance of improvement and change...fear and apathy established with the status quo promises no offer of change and improvement. If it is the opinion that the current foot care for the people of Hawaii is of contention, closing the doors on bringing new talent only fosters this negative attitude. It is not an issue of self interest that I offer this testimony: rather it is from bearing witness to multiple hands other than mine that offer the skill and care that we all want for our community. I want to give that opportunity to those I've seen heal, and I don't want the people of Hawaii to be robbed of that opportunity.

Thank you for your consideration,

Linda Ho DPM

Testimony to: Senator Roz Baker, Chair  
Senate Commerce and Consumer Protection Committee  
Subject: HB1882-Relating to Podiatrists  
Hearing on 3/13/14 9:30am  
Presented by: Dr. Robert LaReaux, President, Hawaii Podiatric Medical Association

Chair Baker and Members of the Committee:

I am Dr Robert LaReaux, representing the Hawaii Podiatric Medical Association and we support this bill.

The standard for the last ten years is that all podiatrists complete a 36 month residency program.

Licensure for MD's and DO's in Hawaii requires completion of an approved 12 month residency (24 months if foreign trained). The podiatry residency requirement, as written in Hawaii state law, is unenforceable and needs revision.

The new bill we are proposing will require podiatrists to complete at least a **24** month accredited residency program for licensure. With the amendment, it will allow podiatrists who were trained over ten years ago who have done a **12** month residency the opportunity to also apply for licensure.

**44 states** have residency requirements of either 12 or 24 months, similar to the revisions we are proposing for Hawaii.



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February 12, 2014

Testimony to: Senator Roz Baker, Chair  
Senate Commerce and Consumer Protection Committee  
Subject: HB1882-Relating to Podiatrists  
Hearing on 3/13/14 9:30am

Chair Baker and Members of the Committee:

*RE: Support for HB 1880 and HB 1882*

On behalf of the American Podiatric Medical Association (APMA) and our member podiatrists, I write this letter in support of HB 1880 and HB 1882. APMA is the premier professional organization representing the vast majority of the estimated 15,000 doctors of podiatric medicine, also known as podiatrists, in the country. APMA supports modernizing Hawaii's podiatric scope of practice law as it will ensure the legal authority to practice podiatric medicine and surgery in Hawaii is commensurate with the education, training, and experience of doctors of podiatric medicine.

APMA defines podiatric medicine as the profession of health sciences concerned with diagnosing and treating conditions affecting the human foot, ankle, and their governing and related structures, including the local manifestations of systemic conditions, by all appropriate systems and means. Podiatrists are specialists educated and trained to address conditions affecting the lower extremity and are recognized as physicians in the majority of states and by the federal government. Given its specialization, podiatric medicine is to the foot and ankle what ophthalmology is to the eye or cardiology is to the heart.

#### **I. Education and Training for Doctors of Podiatric Medicine**

Similar to allopathic medical training, the education, training and experience of doctors of podiatric medicine include four years of undergraduate work, followed by four years in an accredited podiatric medical school. Following graduation, podiatric medical doctors complete a three-year residency in an approved hospital-based program. Additionally, like our MD colleagues, some podiatrists complete fellowships for additional training in a specialty area. The significant difference between education training models of allopathic doctors and podiatric medical doctors is that podiatric medical education begins to focus on the specialty area earlier on in the educational process.

According to the American Medical Association's Health Care Careers Directory, "Colleges of podiatric medicine offer a core curriculum similar to that in other schools of medicine." Podiatric medical college is a four-year program with the first two years focused on the basic medical sciences and the second two years focused on clinical medical education. The

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first two years of education at podiatric medical colleges are devoted to medical sciences including, but not limited to, gross and microscopic anatomy, biochemistry, pathology, microbiology, physiology, and pharmacology. During the third and fourth years, students engage in clinical education based in accredited hospitals, clinics, and private practice settings. During these third-and fourth-year rotations, students are afforded intense medical and surgical training related to the human body with emphasis on the lower extremity.”

With earlier exposure to the specialty occurring in the colleges of podiatric medicine, graduates are well prepared for the more intensely focused clinical training provided in their subsequent podiatric residency program. Following graduation from podiatric medical college, doctors of podiatric medicine participate in a hospital-based three-year comprehensive podiatric medicine and surgery residency program. During residency, podiatrists receive advanced training in general medicine and surgery and participate in clinical rotations in anesthesiology, internal medicine, pathology, radiology, emergency medicine, and orthopedic and general surgery as well as elective rotations. Throughout residency training, emphasis is placed on diagnosing and managing patients with lower extremity pathology. Importantly, podiatric medical residency training programs have incorporated training in the treatment of the ankle since the 1970s.

Much of the opposing commentary gives the false impression that a broadly trained orthopedic surgeon, by virtue of the number of years in residency and fellowship, has received superior training to that of specifically trained, board-certified podiatric surgeons. Unlike orthopedic residency training that does not universally require a commitment to the surgical management of the foot and ankle, podiatric residency programs approved by the Council on Podiatric Medical Education (CPME) must meet minimum requirements for training that include hundreds of patient diagnoses, foot and ankle procedures, and disease management experience. CPME, recognized by the United States Department of Education, is the accrediting entity analogous to the Accreditation Council for Graduate Medical Education (ACGME).

Podiatrists work collaboratively with their MD and DO colleagues in diagnosis and treatment, while also working together to effectively educate patients on the importance of healthy lifestyles, diabetes, and other issues affecting the lower extremity. Many orthopedic surgeons recognize the value of care by podiatrists. Kaiser San Rafael Medical Center Orthopedic Surgeons Alex Prescott, MD and John Safanda, MD stated in their letters to Hawaii legislators that they “have been involved in training podiatry residents in ankle fractures and have seen firsthand their competency.” These orthopedic surgeons support this legislation because it “allows doctors of podiatric medicine to practice to the level of medicine and surgery to which they been trained.” In fact, medical specialists in endocrinology, vascular surgery, rheumatology, and geriatrics routinely refer patients to podiatrists.

## **II. Specialty Board Certification**

Board certification indicates that a podiatrist has demonstrated a cognitive knowledge of a special area of practice. CPME, through the Joint Committee on the Recognition of Specialty



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Boards (JCRSB), is responsible for monitoring specialty certifying boards in podiatric medicine. JCRSB recognition of certifying boards is analogous to the American Board of Medical Specialties in its recognition of more than 20 specialty boards in allopathic medicine.

CPME recognizes two certifying boards: the American Board of Podiatric Medicine and the American Board of Podiatric Surgery. The American Board of Podiatric Medicine offers certification in podiatric medicine. The American Board of Podiatric Surgery (ABPS) offers certification in foot surgery and certification in reconstructive rearfoot/ankle surgery. Hospitals and third party payers regularly verify the credentials of ABPM and ABPS board-qualified and board-certified podiatrists.

### **III. Podiatric Scope of Practice**

Podiatrists are recognized by all 50 states, the federal government, and national accrediting agencies as independent health-care practitioners who are permitted to provide medical and surgical care within their scope of practice. Every state has a podiatric scope of practice statute and regulatory entity that oversees the practice of podiatric medicine. 45 states and the District of Columbia authorize surgical treatment at or above the ankle in the scope of practice for podiatrists. Of the 46 jurisdictions, only three states—Maryland, Tennessee, and Utah—limit surgical treatment of some ankle fractures. Furthermore, of those 46 jurisdictions, only Hawaii prohibits podiatrists to perform surgical treatment of all ankle fractures. By prohibiting the treatment of ankle fractures, Hawaii's podiatric scope of practice statute clearly does not reflect the education, training, and experience of podiatric physicians.

Furthermore, APMA believes that scope of practice should operate as a ceiling, not a floor. The scope of practice should never be the lowest common denominator for a medical profession or specialty; rather, it should represent the maximum level to which a medical professional can provide patient care. The degree to which podiatrists practice their specialty must be demonstrated by the individual's requisite education, training, and experience. Just as allopathic and osteopathic doctors exercise medical and ethical judgment about their practices, doctors of podiatric medicine are required to do the same.

Similar to their orthopedic and other MD and DO colleagues, podiatric physicians must obtain hospital privileges to surgically treat ankle fractures. A hip and knee orthopedist, or other broadly trained orthopedists, would not be granted hospital privileges to surgically treat ankle fractures, and podiatric physicians and surgeons should be held to the same standard. Those podiatric physician and surgeons that can demonstrate the requisite education, training, and experience should be privileged by their hospital.

### **IV. Residency Requirements**

APMA also supports HB 1882. This legislation requires that DPMs complete at least a two-year residency prior to application for licensure. While MD and DO colleagues are only

required to complete at least a one-year residency prior to licensure<sup>1</sup>, Hawaii podiatrists support HB 1882 to ensure a higher standard for newly licensed podiatrists.

## V. Value of Care by Podiatrists

Our health-care system increasingly requires the skills of podiatrists because we play a critical role in treating lower extremity complications related to diabetes, obesity and other chronic conditions. Take diabetes as an example: The early-warning signs of diabetes are often found in manifestation of complications in the lower extremity. As such, podiatrists are frequently the first health-care provider to detect, treat, and therefore significantly prevent or reduce complications, such as lower limb amputations.

According to the CDC, nearly 26 million Americans live with diabetes. Diabetes is the leading cause of non-traumatic lower-limb amputation; however, amputations can be prevented. Two peer-reviewed published studies evaluated care by podiatrists for patients with diabetes and demonstrated that compared to other health-care professionals, podiatrists are best equipped to treat lower extremity complications from diabetes, prevent amputations, reduce hospitalizations and provide savings to our health-care delivery systems.

A study conducted by Thomson Reuters Healthcare and published in the *Journal of the American Podiatric Medical Association* compared outcomes of care for patients with diabetes treated by podiatrists versus outcomes of care provided by other physicians. The study estimated that \$10.5 billion in savings over three years can be realized if every at-risk patient with diabetes sees a podiatrist at least one time in a year preceding the onset of an ulceration. The value of podiatrists in treating and preventing complications from diabetes was supported by an independent study conducted by Duke University and published in *Health Services Research*, which found that Medicare-eligible patients with diabetes were less likely to experience a lower extremity amputation if a podiatrist was a member of the patient care team, and patients with severe lower extremity complications who only saw a podiatrist experienced a lower risk of amputation compared with patients who did not see a podiatrist.

The current Hawaii scope of practice can adversely affect podiatrists' ability to provide timely care to their patients. For example, when an individual has diabetic neuropathy, the ankle joint may break down and become deformed secondary to Charcot neuroarthropathy. This disorder, if severe enough and not receiving proper treatment which may include surgery, can eventually lead to a lower-leg amputation. Podiatrists in Hawaii are prohibited by the law from treating some conditions that manifest from the foot to the ankle. This restriction is not because podiatrists lack the medical expertise or judgment, but because the condition has crossed the anatomical border. With your support and passage of HB 1880 and HB 1882 these barriers for patients to receive timely and quality care from podiatrists will be removed.

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<sup>1</sup> HRS § 453-4 (2013).

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APMA urges support for HB 1880 and HB 1882 because Hawaii health-care consumers will reap the benefits of increased access to quality health care when the legal authority to practice podiatric medicine is consistent with our education, training, and experience.

APMA welcomes the opportunity to serve as a resource. For more information on the podiatric medical profession, contact Associate Director for APMA Center for Professional Advocacy Chad Appel, JD, at [clappel@apma.org](mailto:clappel@apma.org) or 301-581-9230.

Finally, APMA looks forward to holding its 2014 Annual Scientific Meeting in Honolulu from July 24 to 27. The 2008 Annual Scientific Meeting in Hawaii was such a success that podiatrists and their families are eager to return. APMA's Annual Scientific Meeting is the premier foot and ankle medical and surgical conference for podiatric medical professionals. Approximately 1500 podiatrists and their guests will have an opportunity to attend symposia and specialty tracks, participate in hands-on training at surgical workshops, including a workshop on ankle arthroscopy, peruse the vast exhibit hall, and explore Hawaii!

Sincerely,



Matthew G. Garoufalis, DPM  
President

**SURGICAL  
ASSOCIATES, INC.**

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February 7, 2014

Hiroji Noguchi, MD, FACS

642 Ulukahiki Street, #207

Kailua, HI 96734

RE: HB 1880 and 1882

To the members of the House Committee,

I am Dr. Hiroji Noguchi, general and transplant surgeon with Surgical Associates, Inc.

I am writing in support of House Bill 1880 and 1882 regarding podiatric medicine.

I feel it is important for Hawaii to keep up with national standards as it pertains to the level of required residency prior to licensure. Podiatrists receive extensive surgical training and should be allowed to practice accordingly.

Thank you for your time.

Sincerely,

Hiroji Noguchi, MD, FACS

Testimony to: Senator Roz Baker, Chair  
Senate Commerce and Consumer Protection Committee  
Subject: HB1882-Relating to Podiatrists  
Hearing on 3/13/14 9:30am  
Presented by: Dr. Nathalie Sowers

Chair Baker and Members of the Committee:

I am Dr. Nathalie Sowers and I support this bill.

Our MD and DO colleagues are only required to complete at least a one-year residency. HRS § 453-4 (2013). I support this bill with the amended change to a 12 month residency minimum.

Thank you

Testimony to: Senator Roz Baker, Chair  
Senate Commerce and Consumer Protection Committee  
Subject: HB1882-Relating to Podiatrists  
Hearing on 3/13/14 9:30am  
Presented by: Dr. Greg Morris

Chair Baker and Members of the Committee:

I am Dr. Greg Morris and I support this bill.

House Bill 1882 is simply asking to add a requirement of completing an accredited residency program in order to obtain a license for podiatric medicine for the state of Hawaii. All but a handful of states have a similar requirement in place. This will help set a baseline consistent with our allopathic colleagues.

Thank you

My name is David Lee and I wish to express support for HB1882 as it relates to the practice of podiatry.

Last year I joined Maui Family Footcare on the island of Maui as the fourth surgical podiatrist, and one of two independent podiatrists, working on the island. I recently completed a three year surgical program that specializes in diabetic limb salvage, after graduating from Temple University's School of Podiatric Medicine. During my time at Washington Hospital Centers/Georgetown University's residency program in Washington DC, I participated in surgeries alongside many orthopedic, plastic, vascular, and podiatric surgeons, each leaders in limb salvage for their respective specialties. I was privileged to come from a culture where teamwork amongst each of the surgical disciplines and collaboration with the medicine specialties was key to providing the best patient outcomes in order to drive down the financial impact on our entire system. Many scholarly articles have been written about this team approach to support this claim and many of my attending physicians and mentors host the annual Diabetic Limb Salvage Conference in Washington DC.

As you already know, diabetic patients can be very complicated to manage and these complicated cases have unfortunately taxed our entire system. During my residency, I managed over 300 surgical cases, the majority of whom are diabetic and followed many of these same patients during the various rotations in anesthesiology, emergency medicine, vascular surgery, orthopedic surgery, plastic surgery, pediatric surgery, radiology, internal medicine, infectious disease, psychiatry, dermatology and endocrinology. This exposure and training enables me to better educate and manage my patients and has shaped my measure for success that is based on preventing them from entering the hospital and operating room.

By supporting this bill, we can promote the safety of our patients by clarifying the standard of training required to practice podiatric medicine and allow it to reflect the new level of training that is already required by the Council of Podiatric Medicine.

Thank you for your consideration to this bill and for allowing my testimony.

Best regards,

David Lee

March 11, 2014

Testimony to: Senator Rosalyn H. Baker, Chair  
Senate Committee on Commerce and Consumer Protection

Subject: HB 1882—Residency requirement of state licensure

Presented by: Liane Lin-Watanabe, DPM  
New PMSR/RRA graduate

Chair Baker and Members of the Committee:

I am Liane Lin-Watanabe, DPM, a November 2013 graduate of a three-year podiatric medicine and surgery residency program with the added reconstructive rearfoot and ankle credential, and I support these bills.

Regarding the residency requirement for state licensure, please consider how podiatric medical education and training are lead by the Council on Podiatric Medical Education.

The CPME is an autonomous accrediting agency for podiatric medical education. Deriving its authority from the House of Delegates of the American Podiatric Medical Association, the Council is empowered to develop and adopt standards and policies as necessary for the implementation of all aspects of its accreditation, approval, and recognition purview.<sup>1</sup>

Note that on July 1, 2011, the CPME formally increased the national residency standard from two-year and three-year residencies in Podiatric Medicine and Surgery (PM&S-24 and PM&S-36) to a single three-year residency—the Podiatric Medicine and Surgery Residency (PMSR). Furthermore, as dictated by the CPME, "residencies that can provide a sufficient volume and diversity in reconstructive rearfoot and ankle (RRA) procedures may grant an added RRA credential."<sup>2</sup>

Therefore, adopting the national residency training standard or at least a minimum requirement for state licensure will help to maintain and attract well-trained podiatrists to Hawaii.

I appreciate your time and consideration. Thank you for allowing my testimony.

Sincerely,  
*Liane Lin-Watanabe, DPM*

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<sup>1</sup> cpme.org

<sup>2</sup> cpme.org



Senator Roz Baker, Chair of the Commerce and Consumer Protection Committee

Re: Relating to Podiatry: HB 1882

Position: Support

Healthcare is continually changing. Medical care has become more specialized and focused in order to create and maintain a level of care that is required to continually deliver the highest quality care to every patient.

Podiatrists have become the primary providers of foot and ankle surgery. Training has changed over the past 20 years to create an environment where podiatrists are an essential part of a well-rounded healthcare team. Current training for podiatrists require an accredited 36 month residency, and our state should restrict licensure to those who have completed at least 24 months of residency training.

I moved back home to Kauai in 1999 and joined Kauai Medical Clinic and became a part of the Allied Healthcare Staff at Wilcox Memorial Hospital. After establishing myself to be an essential part of the healthcare team, hospital policy was revised to allow podiatrists to become part of the medical staff of Wilcox Memorial Hospital. Together with several orthopedic surgeons and a physiatrist, in 2004 we established the Bone and Joint Center at Kauai Medical Clinic to provide comprehensive care for the people of Kauai as well as our large visitor population.

I have dedicated my professional life to providing the best podiatric foot and ankle care to the residents and visitors of Kauai. I was raised on Kauai and graduated from Kauai High School. Coming home to serve the people of Kauai has been wonderful, and I plan to continue to work to keep medical care on Kauai and in Hawaii up to the standards of modern medicine in 2014.

Thank you for your time and consideration.

Tyler Akira Chihara, DPM, FACFAS

Bone and Joint Center at Wilcox Health  
Medical Staff, Wilcox Memorial Hospital  
Treasurer, Hawaii Podiatric Medical Association