

**HR-191**

Submitted on: 3/20/2018 5:47:27 PM

Testimony for HHS on 3/21/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Richard P. Creagan	Individual	Support	No

Comments:

Aloha Chair Mizuno, Vice-Chair Kobayashi, and members of the Health and Human Services Committee:

Thank you for the opportunity to testify. I am writing in strong support of HCR221 and HR191. I am providing testimony as a private individual, as a physician, and as a former epidemiological investigator with the Hawaii Department of Health and not as a legislator.

The State Department of Health has long recognized that the district health officer in each of the three neighbor island counties should be a physician; ideally, a physician with experience in community medicine who is also well-versed in public health. For many years, the department's District Health Officers met these requirements. However, at some point, the Hawaii County District Health Officer (DHO) position was filled by a non-physician without medical experience or a Master's in Public Health who served as an acting District Health Officer for six years.

At that point, rather than continuing to recruit a physician District Health Officer, the Department of Health created a new position—District Health Officer II (non-M.D.)—to accommodate the existing non-M.D. District Health Officer.

Given the Department's response to health problems in Hawaii county, as compared to its response to health problems in Maui county, it is evident that the health issues, including disease outbreaks, were addressed much more proficiently and with greater community satisfaction in Maui county, where the DHO was a physician with a Master's in Public Health.

This disparity was particularly on display during the department's response to two major public health issues: the 2002 dengue fever outbreak in Maui county versus the 2004 outbreak in Hawaii county; and the rat lungworm disease outbreak in Hana, Maui, versus the current crisis centered around the Puna district of Hawaii county. In both these instances, the department's attention to, and engagement with community members, was much more effective in Maui county, where the DHO was a physician with an M.D. and an MPH, than in Hawaii county.

The Hawaii State Auditor's Report No. 17-14, dated December 2017, conducted an audit of the Disease Outbreak Control Division and the Hawaii Department of Health responses to three outbreaks within the state, including the Dengue Fever outbreak on the Big Island of Hawaii. According to the auditor's report, it was noted that the Disease Outbreak Control Division and the Department of Health exhibited "an absence or a lack of adherence to plans, policies, and protocols, all of which provide disease response agencies with clarity and direction during the emergency conditions of an outbreak".

The State Auditor also noted the Disease Outbreak Control Division and DOH were unable to provide, "*sufficient documentation of the analysis and discussions that occurred during the selected outbreaks. Absent such information, we interviewed staff, as well as other key individuals involved, but found inconsistencies in their recollections of events and the details of their efforts during the selected outbreaks.*"

This is an issue that is important to the residents of the Big Island. The Hawaii county council, recognizing the importance of having a physician in its district health officer position, have petitioned the legislature to make it a requirement that district health officers be physicians, and the lack of a dedicated physician District Health Officer within Hawaii County may have contributed to some of the discrepancies and errors in the response to the 2004 Dengue Fever outbreak.

I'm of the opinion that a physician's knowledge and experience facilitate the day-to-day responsibilities of the position and allow the physician to serve as a dedicated community resource. Each district health officer of the department of health should be a physician licensed to practice medicine under part I of chapter 453. To the extent practicable, the physician should have experience in public health, primary care, emergency room services, epidemiology, tropical medicine, and/or infectious disease.

Thank you and all the best,

Richard P. Creagan