HAWAII'S WARTIME HEALTH AND SOCIAL RESEARCH

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The First Eighteen Months of the War

The intimate relationship between mental and physical health, between social and physical welfare, is being given increasing recognition. In the public health movement, the importance of a hygienic community has long been recognized as important to the health of individuals. In such fields as psychiatry, psychosomatic medicine, the close connection between emotional tensions and certain physical symptoms is no longer questioned. There is now developing also an interest in the problem of the relationship between phenomena of collective behavior, such as morale, social unrest and mass fear, and physical health. The concern of the War Research Laboratory with the observations of Honolulu physicians of the health of the people in the first crtical period of the war can thus be easily understood.

In the period from December, 1942, to March, 1943, the members of the research staff interviewed 54 physicians in all medical fields and of various racial ancestries: 27 haoles (including one Portuguese), one Korean, 8 Chinese, and 17 Japanese (including two aliens). The great majority were interviewed by the writer of the following digest, herself the wife of a physician.

As a general guide in the interviews, the following questionnaire was used. It was usually submitted to the physician several days before the interview. The response of the members of the medical profession was courteous, often generous.

Questionnaire

1. What notable changes in the types of difficulties presented by your patients have you observed since the war? Are there more or less cases of mental disturbances? Among what types of persons? racial and occupational groups?

2. Has there been any notable shift in the problems of communicable diseases since the Seventh?

3. What effects upon the health of the community can you ascribe to the blackout?

4. Has there been any significant shift in the incidence of certain types of diseases or in the resistance to the disease as a consequence of the long hours of work required by the war? As a consequence of inadequate or improper diet occasioned by the war? Are there any other factors growing out of the war which constitute important health hazards?

5. What serious difficulties in the practice of medicine have been introduced into the local situation as a result of the war? the reduction of civilian medical staff? the lack of certain types of drugs? the diversion of nurses into war duties? the pressure upon hospital facilities?

6. What changes have you noted in the attitudes of your patients? toward the observance of normal health precautions?

toward the medical profession? toward the conventional moral standards?

The summary was written almost immediately after the intensive period of interviewing; and in the more than two years since then, much has happened to modify the conditions frequently commented on by the physicians. Mrs. Lam's article does not, of course, comment on these changes. It deals with the first year and a half of the war.

Discussion of Issues Raised

About several points the doctors Mrs. Lam interviewed were obviously in disagreement. These are perhaps the most significant points because they indicate problems for further intensive research and careful analysis.

Thus, it is apparent in Mrs. Lam's article that the effect of the blackout and curfew on the health of the people is a point of disagreement. Actually this problem was much more complex than popularly assumed: The blackout and curfew were so involved in the various changes of the whole way of life that it would have been difficult to isolate them as factors. The actual blackout and curfew conditions varied radically from family to family. Some homes did no blacking-out of windows because no one did much reading. They spent the evenings in the dark and so were able to keep their windows open. Large families in small blacked-out rooms obviously suffered more discomfort than small families in large blacked-out homes. The financial ability of a family to buy sufficient cloth so that several rooms could be blacked out and to buy ventilators contrasted with homes that had so many cracks in the walls that actually it was impossible to black them out to the satisfaction of the air raid wardens. If night after night the same three or four persons had to depend on one another's company that was one thing; if there was a great deal of visiting among a group of congenial neighbors, that was another. It is for reasons such as these that any supposed effects could not with certainty be attributed to the blackout.

The way the local Japanese have reacted to the war is another point of disagreement. It is difficult because of the great population shifts to know the exact numbers of each population group, and it is therefore difficult to establish reliable rates which can be used for comparative purposes. A psychiatrist said to the present writer in 1944 that the Japanese could be divided into three groups: those who had withdrawn or gone to pieces; those who had maintained their equilibrium; and those who had become aggressive and cocky.

Developments since Summer, 1943

A few of the changes occurring since the writing of this article will now be listed.

1. Martial law was, after a process of gradual relinquishment, finally abolished by President Roosevelt's proclamation of October 24, 1944.

2. Important restrictions have been eliminated. The blackout was gradually relaxed. In the period after July 15, 1943, a complete blackout in all homes was required only after ten in the evening; and on May 4, 1944, the blackout was completely eliminated.

3. After a period of intense public discussion, prostitution, which had been openly condoned, was rigorously suppressed, beginning September 21, 1944, when the fifteen odd houses which had been operating quite openly were closed.

4. The hospitals which the O.C.D. had opened soon after the Blitz, had to be closed on account of the lack of funds. This occurred late in 1944.

5. Several epidemics or near-epidemics have confronted the community. In the summer of 1943, Hawaii had its first cases of dengue fever. In April, 1943, there was a poliomyelitis scare, but no true epidemic developed. In June and July, 1945, authorities were concerned with an influenza epidemic, the number of cases reported at one time coming close to 6,000.

6. The curfew was abolished on July 7, 1945, just a month before the surrender of Japan.

7. It is thus clear that present conditions are different from those prominent in Mrs. Lam's discussion. This means that similar surveys at more recent dates would have revealed different but equally interesting observations and several important problems.

Issues in this Period

The effect of various policies of prostitution afforded an excellent research opportunity, which the public health authorities made some use of, in regard to the relation between suppression and the spread of venereal disease. But not all research possibilities were exploited. The relationship of suppression to such phenomena as illegitimacy rates and sex crimes could have been systematically explored, and the general sexual attitudes of men in the barracks situated in communities where suppression was the rule as contrasted with those situated in communities where prostitution was open.

Only recently, in June and July, the newspapers carried comments by prominent local physicians regarding renewed recruitment by the services of civilian physicians. There was apparently not complete agreement among the local physicians whether the civilian population of the Islands has available a sufficient number of physicians for adequate medical care. Because of the uncertainty about the population of many sections of the United States including Hawaii, at the present time, it is of course impossible to make any correct comparison of the physician-population ratio in various communities. On one side it is argued that the large number of male war workers away from home require more than the normal amount of care from physicians, dentists, and nurses, because they are not able to get the minor care that women in the home usually give. It is

also pointed out that in every Island home burdens have increased tremendously. Women are doing more work in the community while at the same time having far less household help than before the Blitz. Vacations involving a real change are completely impossible for most local residents. There are no cheap family hotels in the Islands. Several of the relatively few camping areas and beaches available to the public have been taken over completely by the armed forces. Day-by-day recreation such as attendance at motion picture theaters is made difficult even at neighborhood theaters, because of the presence in overwhelming numbers of servicemen. Twice during epidemics, military authorities restricted the movement of servicemen. During the dengue epidemic in the summer of 1943, there was a brief period when servicemen were not allowed in Waikiki, one of the main recreational areas in Honolulu and the one containing the major motion picture theater. In the summer of 1945, during the influenza epidemic, servicemen were not allowed to enter civilian theaters. On both occasions it was interesting to note comments of relief from civilians at the sudden elimination of congestion. It is perhaps also true in Honolulu that because of the complex interracial structure of the community, there is less mutual aid among neighbors than in more homogeneous mainland communities.

On the other side it is argued that this community has received many special advantages because of the presence of the armed forces, which are always ready to step in when there are emergencies. Servicemen, for instance, were used extensively as mosquito inspectors and were very helpful in virtually eradicating dengue from the community. Physicians of the armed forces would help if a major crisis ever demanded it.

The racial angle was also involved in several interesting ways in this recent problem. While doctors of all racial groups have declared their willingness, even eagerness, to be recruited, the services in practice seldom accept Oriental physicians. To the extent that Caucasian patients refuse to consult Oriental physicians, the burden of the remaining civilian Caucasian physicians is increased. Some persons also feel that the non-Caucasian physicians reap an unfair financial benefit over his Caucasian colleague who enters the services. The Oriental physician, in turn, resents such an attitude, particularly when he has volunteered his services, but has been declared "unavailable."

A recent questionnaire given in May, 1945, to almost 300 students of two classes at the University of Hawaii was designed to give us a little information on some of the points at issue. The students were asked to indicate about various "recent wartime restrictions, hardships, and problems," the degree of their worry or annoyance. They could do this on a five-point scale indicating extreme, great, moderate, slight, non-existent annoyance. In percentages the following degrees of annoyance were expressed by the whole group:

	extreme	great	moderate	slight	non-existent
Difficulty of getting all kinds of meat	9.1	14.0	27.4	29.1	20.4
Difficulty of getting other kinds of food	1.8	5.6	35.6	40.8	16.2
Continued ten o'clock curfew	7.1	12.7	23.0	31.8	25.4
Poor health on your part or in your family	4.5	5.9	9.8	25.8	54.0
Difficulty of getting good medical care	1.1	2.5	11.6	26.0	58.9
Difficulty of getting into the movies	4.6	10.4	30.0	41.4	13.6
Difficulty of getting other kinds of recreation	3.2	14.7	26.2	34.4	21.5

The fact that the questionnaire was given at the height of the meat shortage is clearly indicated, because the percentage of students, 23.1%, who expressed great or extreme concern about it was greater than for the other six difficulties in the list. The continued ten o'clock curfew comes second in rank, while difficulties of getting recreation came next. The percentage of students who felt slight or non-existent concern was highest in regard to the difficulty of getting good medical care or having poor health in the family, 84.9% and 79.8%. For these students, obviously health problems were of almost no significance. These data are pertinent and suggestive, but by no means conclusive.