

Binder 2

ORGANIZATIONAL ALTERNATIVES FOR THE
NEW MEXICO PUBLIC HEALTH ASSOCIATION

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All of us present today are aware that the members of the New Mexico Public Health Association have been attempting to evaluate their role in relation to New Mexico's present and future health needs. New Mexico Public Health Association members have felt that their association, and that they as individuals, have not been exerting sufficient influence regarding the solutions to health problems in New Mexico. New Mexico Public Health Association members are concerned that their association is frequently ignored when advice is sought or plans are made regarding health policy in our state. NMPHA members are concerned that membership and activities have been lagging at a time when health problems are being given priority attention and at a time when it is generally accepted that health is a right for all of our citizens rather than a privilege for a few.

My role here today is a relatively simple one. I was requested to briefly suggest some possible organizational alternatives which those in attendance can consider, amend, add to, or delete as they see fit in the workshop sessions which will follow. Typically, I find that the fine program committee personnel have allotted considerably more time than I need or can use to fulfill my specific charge. Therefore, I would like to spend a few minutes recalling for you a little history and a few early and sometimes amusing incidents regarding the formative years of the New Mexico Public Health Association and the New Mexico Department of Public Health. In fact, such recollections might even prove valuable, for it has been said that, "He who ignores history is destined to

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repeat it." And some other sage noted that, "History provides no excuse but does provide some understanding." With that in mind, you may be interested to know that a New Mexico Public Health Association was first established in New Mexico in 1917 and provided a great deal of the ideas, energy, and enthusiasm to develop the New Mexico Department of Public Health in 1919. In 1916, Dr. Charles Chapin wrote that, "It is unfortunate that a state with a population which now numbers nearly a half million should do nothing whatever for public health. It is the only state of which this can be said." Some 40 years later, another eminent public health authority, Dr. Wilson Smillie wrote that, "the last state to form a Board of Health was New Mexico. It began late but within a short time it had one of the best State Health Departments in the nation."

But going back to 1919, the establishment of the State Health Department was truly the result of the efforts of the people of New Mexico. Slightly before the State Health Department was formed by the 1919 New Mexico Legislature, the National Rural Health Act magnanimously authorized "up to \$10,000" from federal funds, but although such funds were sorely needed, the state could not accept the federal grant inasmuch as it had no public health machinery and because no state funds were appropriated for health needs.

There had been a pre-existing State Board of Health and Medical Examiners which served largely, if not entirely, to regulate the practice of medicine. It is interesting to note that in 1918, Governor Lindsey placed \$3,500 from his contingency fund at the disposal of the State Board of Health and Medical Examiners "to prosecute keepers of immoral houses and to stamp out vice in the state." Some might feel that another \$3,500 shot in the arm is needed in 1975.

Clinton P. Anderson (later to become U.S. Representative, Secretary of Agriculture, and U.S. Senator) was one of the leading personalities in the early days of the New Mexico Public Health Association and, in fact, became its "director" in 1919. Anderson had come to work for the old Albuquerque Herald

(now merged into the Albuquerque Journal) in the fall of 1918 after having come to New Mexico from South Dakota to recover from tuberculosis. Anderson has recalled that the bill to create a State Health Department

"had fairly easy sledding in the Senate but a somewhat difficult time in the House. Major W. H. H. Llewellyn was Speaker of the House and he took it upon himself to lose the Public Health Bill in some unaccountable fashion. I gathered a little material uncomplimentary to him and went to him and told him we all had difficulties. He had his problems and I had mine, but my problem was to find the Health Bill and get it passed. He told me a day or two later that Jim Baird, who was a member of the Senate from Otero County, had taken it to his room and had used it to mark a passage in the Bible and had overlooked it. Of course, that probably was not the circumstance, but nonetheless Major Llewellyn, when he saw my determination to work on the bill, really got busy and saw it through the House.

We had some trouble in the Senate with the people who thought the bill was too drastic in its terms. F. B. Schwenker, who I believe was an agent for one of the insurance companies, was a Christian Scientist and was most anxious to see that the bill did not carry any provisions objectionable to the Christian Scientists. He would come to Santa Fe and tell us that the bill was too drastic in its terms. The bill was drawn by the United State Public Health Service, or at least submitted to us by them, and I would try to persuade him that the bill was all right. Mr. Hening, however, told me that I should modify my position because he thought the bill had been written by the German Kaiser and General Ludendorf in a moment of temporary grandeur and that it was far too drastic in its control over the lives of ordinary citizens.

Accordingly, H. B. Hening, F. B. Schwenker, and I took an afternoon at the old De Vargas Hotel, which was then up near the Scottish Rite Cathedral and we took out from the health bill those provisions that seemed to be too drastic for immediate application in New Mexico. We also tried to make it meet the objections of the Catholic Church which had some feeling on the provisions that related to putting drugs in babies' eyes to prevent blindness from venereal disease and things of that nature. The Catholic Church was not opposed to the bill but it felt that some of the provisions went considerably too far. We therefore worked it over and then allowed it to be presented in the Senate in modified form. It still was a good bill and was satisfactory. It was the bill which the Senate and House finally agreed upon and which Governor Larrazolo signed into law.

Immediately after the Governor signed the Health Bill, the Public Health Association had a meeting in Albuquerque to try to decide how it was to be applied. I was elected Director of the New Mexico Public Health Association. I had just left the Herald, planning to return to South Dakota to live, but got a bad case of smallpox just before time for me to leave for South Dakota. While I was

living at 900 West Gold, and quarantined there with my sister and her husband, the offer came for me to become the director of the New Mexico Public Health Association at what I thought was a very large salary, I now believe something like \$225.00 per month. In any event, I accepted it and when I was able to get out from quarantine we went to work trying to decide on how a public health department should be set up."¹

Later, Anderson travelled to the east coast to attempt to obtain money from the Rockefeller Foundation to help develop the State Health Department. Anderson had noted that the Rockefeller official finally noticed that Anderson had not completely recovered from tuberculosis so he decided that Clinton Anderson should not return home empty-handed and granted \$10,000 with additional sums for later years.

It is also interesting to note that Anderson described a Senator George A. Kasemen, a New Mexico State Senator and a most powerful person in the Legislature, as a "stumbling block". Senator Kaseman criticized the Health Department's "lavish" spending of money" and the purchase of a portable chlorination plant. At this time, Anderson was director of the Division of Tuberculosis in the State Department of Health - - - without pay as he was receiving pay as director of the New Mexico Public Health Association. Senator Kasemen took particular exception to the portable chlorination plant having indicated that things of that nature should not be purchased until needed. But, by one of the strange workings of fate, the next outbreak of typhoid fever was in Madrid in the mining camp of Mr. Kaseman. After the chlorination plant had accomplished it's good things, Mr. Kaseman was most penitent, never wanted the chlorination plant to leave Madrid, purchased the plant, and he and his wife proved to be valuable friends of public health and of health in general, as witnessed by the Anna Kaseman Memorial Hospital.

Newspapers were not particularly supportive of early efforts to develop a State Health Department. One editor suggested that a State Health Commissioner would be enough, another suggested that since the Public Health Nurse would be essential, that only a nurse would be needed. And still another believed that

¹Myrtle Greenfield, A History of Public Health in New Mexico (Albuquerque, The University of New Mexico Press) pp, 277-78

The Commissioner of Health would have knowledge of sanitation, and there was no need for a sanitary engineer. Others believed that the salary of a bacteriologist (\$2,000) and the cost of a laboratory could be saved as there was a bacteriologist in Albuquerque who could provide all the bacteriological examinations necessary for no more than \$250 per year.

My physician friends will be interested in a 1918 U.S. Public Health Service report dealing with health problems in New Mexico which states that "county commissioners in their respective counties are required by law to contract annually with some reputable physician - - - - " (underlining supplied). Later, the State Board of Health and Medical Examiners became the State Board of Medical Examiners.

And speaking of history repeating itself, the 1921 New Mexico Legislature created a State Department of Public Welfare and the previous Department of Public Health became a bureau within the State Department of Public Welfare. Shades of 1967! The 1935 New Mexico Legislature again split the Health and Welfare Departments into two separate departments. In 1955, the New Mexico Legislature authorized the Governor to merge the two departments by Executive Order. This was accomplished in 1967 and now we occasionally hear the suggestion that the two again be split.

As I stated earlier, "He who ignores history is destined to repeat it", and "History provides no excuse but does provide some understanding." And meanwhile, (back at the ranch) what does all this have to do with the current status of health for New Mexicans and a revitalized role for the New Mexico Public Health Association? The New Mexico Public Health Association has had its moments of glory and its place in the sun. However, past glory should not be a crutch for continuing an organization if it does not fill a specific need. Some members of the New Mexico Public Health Association feel that the time has come to evolve into some type of an organization that can be titled, "Health Action for New Mexicans" and establish a broader base of membership addressed to solving a broader

array of health problems.

But what are some of the alternatives? Well, obviously, one alternative is to disband. If an organization is not serving a useful purpose as identified by its members, it has no reason for continued existence. This probably is seldom envisioned when constitutions and by-laws are drafted, but the possibility of disbanding should certainly be considered in an objective manner.

A second alternative is to do nothing about the current organization and mission of the New Mexico Public Health Association. For many people, particularly those in relatively isolated areas of the state, the NMPHA may fill a useful purpose by providing for an annual meeting, an annual exchange of ideas, an annual educational program, a newsletter, and a sense of professional "belonging". If this condition is the desire of the majority of the members, perhaps it is desirable to continue with no substantial changes.

A third alternative has a number of subparts and could involve some rather drastic changes if that is what the majority desires. From my viewpoint, a number of types of health-related associations are necessary and generally fall into one of the following groups: (1) the trade group or professional group which is created primarily to protect and promote a given profession or industry. Such groups are quite necessary and include the Hospital Association, the Medical Society, the Nurse's Association, the New Mexico Environmental Health Association, and others. There are many well-defined objectives which these groups can best accomplish for their members. (2) A second is the type of organization which is patterned after some official agency. I think we have seen examples of this in the way the New Mexico Public Health Association was organized until 1967 when the State Health and Welfare Departments were merged. We may have had another example of this in the New Mexico Conference of Social Welfare and its relationship to the old Department of Public Welfare. Perhaps those in attendance would like to study the possibility of more closely patterning this association

along the lines of current official state agencies in New Mexico and again provide for a broader based annual meeting, training, and worthwhile exchange of ideas. (3) And a third type which would involve the most far-reaching and radical exchange would be to completely reorganize, regroup, and develop the previously suggested "Health Action for New Mexicans, Inc." to be an action-oriented, problem-solving group having a broad membership base of interested citizens and professionals. If this is the desire, the work groups might wish to consider organizing around relatively discrete health problems. Such problems might include such matters as aging, mental health, chronic diseases, health facilities, environmental quality, health manpower, health care, nutrition, and population issues. But remember that none of these types of manifestations of health problems can be remedied without constantly striving to solve the problems underlying all of them - - - human poverty and ignorance. Until poverty and ignorance are resolved, we will only be dealing with the by-products, - - - the fall-out, - - - the results, - - - and the curative issues rather than the preventive.

And I admonish you to deal with relevant issues. It is anachronistic to devote so much effort to the great single-agent plagues and diseases of the past when the real priorities may be cancer, heart disease, mental health, environmental quality and population.

Previously, the New Mexico Public Health Association has been internally organized along program lines closely resembling program components of the old State Health Department. Your Executive Board and Program Committee have suggested its "a time for change".

The American Public Health Association has been undergoing rather drastic and sometimes even traumatic change for the past few years to develop a national organization more attuned to action and problem-solving. It is not necessarily appropriate to exactly emulate the APHA, but I believe the APHA's general concept of reorganization was sound and effective. The APHA has significantly

increased its scope of concerns, level of performance, effectiveness and membership following re-organization from the previous annual professional picnic for the "good old boys" to the current national health action program and organization.

We know it is a "time for change". Is it "time for a change"?

Any new health action organization such as has been suggested should:

- 1) exist to serve the total public, not the personnel, biases, tradition, and fiefdoms of the health system;
- 2 exist to solve problems, not continue outdated programs and comfortable traditions, and
- 3) have knowledge of the past, but work for the future.

The choice is yours, and the time is now.