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Tuberculosis Control in New Mexico: Power Group Roles in Four Legislative Proposals, 1957, 1959

Dorothy B. Lacour

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TUBERCULOSIS CONTROL IN NEW MEXICO:
POWER GROUP ROLES IN
FOUR LEGISLATIVE PROPOSALS, 1957, 1959

By

Dorothy B. Lacour

A Thesis

Submitted in Partial Fulfillment of the
Requirements for the Degree of
Master of Arts in Government

The University of New Mexico

1960

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INTRODUCTION

THE PROBLEM

"The fundamental concept in social science is Power, in the same sense in which Energy is the fundamental concept in physics."¹ In the social science group we find

Political scientists who tend to concentrate on the production and distribution of power; economists on the production and distribution of wealth; but neither special approach should obscure the fact that the basic struggles in society are power contests.²

"In addition to being defined as a struggle for power, politics might be considered as a game and as a process."³ The foregoing statements attest to the fact that this, a thesis in the political science field, shall be dealing with the concept of power. In the spirit of William Riker of Lawrence College, who says:

The business of political science is to formulate hypotheses about a particular kind of human behavior, that is political behavior, and once the hypotheses are formulated to test them by whatever techniques

¹Bertrand Russell, Power (New York: W. W. Norton Company, 1938), p. 12.

²Bertram M. Gross, The Legislative Struggle (New York: McGraw-Hill Book Company, Inc., 1953), p. 6.

³Henry A. Turner, Politics in the United States (New York: McGraw-Hill Book Company, Inc., 1955), p. 5.

are available,⁴

the tenets of this thesis shall be predicated upon a highly selective portion of such activity in New Mexico, the legislative process.

Even partial success in discovering how the legislative process works would cast a penetrating light upon homo Americanus,⁵ his folkways and mores, his place in today's sun.

In addition to the idea of power, its genesis in politics shall also be a subject for examination.

There is no political process that is not a balancing of quantity against quantity. There is not a law passed that is not an expression of force and force in tension. . . .

Therefore, the concept of balance between opposing forces shall be carefully analysed. It is recognized that this shall be the study of a highly complex web⁷ which can be only partially comprehended within the proposed limits and methodology. However, it is hoped that the following description of a web:

so intricately woven that to touch a thread at any point is to be in contact, directly or indirectly, with every other point in the fabric . . .

⁴William H. Riker, The Study of Local Politics (New York: Random House, 1959), p. 11.

⁵Gross, op. cit., p.2.

⁶Arthur Bentley, Process of Government, cited by Gross, ibid., p.4.

⁷Interview with Robert J. Utzinger, Executive Director, New Mexico Tuberculosis Association, March 18, 1960.

⁸William Anderson, The Nation and the States, Rivals or Partners (Minneapolis: University of Minnesota Press, 1955), p. 145.

are available.

The limits of this article will be indicated by the selective portion of each volume in the following.

Active processes.

Given partial success in diagnosis, the active process will be a primary concern. Upon some occasions, the following are given place in today's work.

In addition to the above, the following policies shall also be a part of the program.

There is no official record of the progress of quality control. There is no record of the progress of the program. It is not an experiment of chance and chance in nature.

Therefore, the concept of quality control shall be carefully analyzed. It is recognized that the

shall be the study of a quality control system. Only partially organized either in nature or in

methodology. However, the following description of a new

no analysis is given in the following. It is pointed out that every other point in the following.

¹William N. Shaw, Quality Control (New York: Random House, 1941), p. 11.

²Gross, op. cit., p. 11.

³Arthur Bentley, Concepts of Government, p. 11.

⁴Interview with Director of Research, New Mexico Educational Experiment Station, 1950.

⁵William Anderson, Quality Control (New York: McGraw-Hill, 1941), p. 11.

will prove to be the case as the threads and certain inter-relationships are identified. As the action of the official, unofficial, and individual forces become apparent, some better understanding of the whole should be achieved.

To analyse the legislative process in its entirety would be an impossibility. Indeed, Gross says such an endeavor "would be to give a complete cross-section of American society."⁹ His comment was with regard to the national legislative body. A similar analogy could validly be drawn with respect to the relationship between the legislative process in New Mexico and the society of that state. Therefore, a second limitation of this thesis shall be the application of the legislative process in the field of health. Here we may observe politics as the pursuit of power and its expression in concrete policy¹⁰ in a reasonably well circumscribed area. Disraeli once said, "The health of the people is really the foundation upon which all their happiness and on which all their power as a state rests."¹¹ The field is chosen, also, because the role of government in health is ill-defined and the consequent source of much controversy. Bone reminds us:

⁹Gross, op. cit., p. 8.

¹⁰"A Decade of Progress Against Cardio-Vascular Disease," A Report to the Nation, Reprinted from the Congressional Record, March 5, 1959, p. A-1806.

¹¹Marian D. Irish and James W. Prothro, The Politics of American Democracy (Englewood Cliffs, New Jersey: Prentice-Hall Inc., 1959), p. 550.

the great battles over public education took place in the nineteenth century while the government's role in improving the health of the people is being fought during this century, both in the United States and abroad.¹²

The President's Commission on the Health Needs of the Nation proclaimed that "health service is a basic right of all people."¹³ This may be conceived as an expression of a value which the Commission believed to be held by the American people. If the interpretation of rights as "created by agreement among men"¹⁴ is accepted, the worth of the Commission's statement is not open to question.

Although an ever-widening pattern of Federal participation in health matters is evident, the basic responsibility remains as "one of the primary functions of the sovereign power, the State."¹⁵ This authority is based upon the residual constitutional powers left to the states since it is not specifically listed among the enumerated powers of the federal government.¹⁶ "Every state has provided for a state health department which is its principal health

¹²Hugh A. Bone, American Politics and the Party System (New York: McGraw-Hill Company, Inc., 1955), p. 148.

¹³Dewey Anderson, Health Service is a Basic Right of All People (Washington 3, D. C.: Public Affairs Institute, 1956), p. 3.

¹⁴Howard J. McMurray, "The Responsible Majority," Western Political Quarterly, XI (June, 1958), p. 175.

¹⁵James A. Tobey, Public Health Law (2nd ed.; New York: The Commonwealth Fund, 1939), p. 3.

¹⁶Clyde F. Snider, American State and Local Government (New York: Appleton-Century-Crofts, Inc., 1950), p. 434.

The great difficulty in the present situation is that the Commission is not a body which can be set up by the Government and which can be given the necessary powers to carry out its duties. It is a body which is set up by the people and which is answerable to the people.

The Commission's work is to be carried out in a way which is satisfactory to the people. It is a body which is set up by the people and which is answerable to the people. It is a body which is set up by the people and which is answerable to the people.

Although the Commission is a body which is set up by the people and which is answerable to the people, it is not a body which is set up by the Government and which is answerable to the Government. It is a body which is set up by the people and which is answerable to the people.

-
12. System (New York) - ...
 13. of All People (London) - ...
 14. Eastern Political - ...
 15. New York - ...
 16. Mont (New York) - ...

agency."¹⁷ However, the findings of this thesis should serve to illustrate that the health department is one among many organizations which exert influence in the health field.

The total area of public health legislation is of unmanageable proportions for the type of analysis proposed for this study. Therefore, a third limitation of study of the tuberculosis control program has been chosen. The history of this disease in New Mexico is unique and lends pertinence to the undertaking of the study. Dr. Knopf has said

to combat consumption as a disease among the masses successfully requires the combined action of a wise government, well-trained physicians and an intelligent people.¹⁸

This thesis will highlight the roles played by these forces which he identified.

The program of tuberculosis control is also very broad including case-finding, clinic care, nursing service, and legislation.¹⁹ A fourth limitation, exclusion of the first three categories of the program, is necessary to define the limits of the study. With the long history of tuberculosis in New Mexico, further complexity can be anti-

¹⁷Ruth B. Freeman and Edward M. Holmes, Administration of Public Health Services (Philadelphia: W. B. Saunders Company, 1960), p. 49.

¹⁸Harold M. Cavins, National Health Agencies (Washington, D. C.: Public Affairs Press, 1945), p. 74.

¹⁹Ira V. Hiscock, Community Health Organization (4th ed.; Cambridge, Massachusetts: Harvard University Press, 1954), Chapter VIII.

icipated. As a fifth limitation, consequently, analysis will be confined to treating only those bills which (1) incorporate the term tuberculosis²⁰ in their title and (2) were introduced in either the twenty-third or twenty-fourth sessions of the legislature. There were four such bills which were identified by a thorough search of the Bill History for each of these two sessions. These are as follows:

1957 - HB 133 - Proposed transfer of the tuberculosis hospitals from the Department of Public Welfare to the Department of Public Health.

HB 214 - Proposed compulsory isolation of the active tuberculosis patient.

HB 390 - Established our present New Mexico Tuberculosis Hospitals Board.

1959 - SB 218 - Enlarged the powers of the New Mexico Tuberculosis Hospitals Board.

The precise problem, therefore, consists of the analysis of four pieces of proposed tuberculosis legislation with respect to their background, genesis, and progress through the New Mexico legislative process. In the design of this problem, Riker's criteria for the study of local politics seem to have been met. These are as follows: (1) small enough to interview its politicians, (2) chief figures are available to the student, and (3) politics were lively in the unit chosen.²¹

²⁰Except as identified to the contrary, throughout the paper the term tuberculosis shall refer to pulmonary tuberculosis only.

²¹Riker, op. cit., pp. 18-20.

METHODOLOGY

In his Guide to the Study of Public Affairs,²² Schattschneider has provided the broad outlines for methodology. He cites the value of textbooks but warns they are "born a year old."²³ Therefore, textbooks were used for background and supportive data. "The good newspaper is indispensable,"²⁴ he says. Use of the New Mexico newspapers may not precisely meet his criteria but proved to be a useful source of information. The value of the library for "perspective, depth and breadth"²⁵ was fully realized and utilized. The chapter on "How to Study a Pressure Group"²⁶ as well as those ideas in remaining parts of this source book provided important leads in developing methods for the study.

Review was made of selected public records such as those of the Department of Public Health, Department of Public Welfare, New Mexico Board of Health, New Mexico Tuberculosis Hospitals Board, the Legislative Council Service, and the Department of Finance and Administration. A search of the minutes of such private organizations as

²²E. E. Schattschneider, Victor Jones, and Stephen K. Bailey, A Guide to the Study of Public Affairs (New York: William Sloan Associates, 1952).

²³Ibid., p. 2.

²⁴Ibid.

²⁵Ibid.

²⁶Ibid., pp. 25-45.

the New Mexico Conference of Social Welfare, the Albuquerque Council of Social Agencies, the New Mexico Medical Society, the New Mexico Public Health Association, and the New Mexico Tuberculosis Association was made.

Beginning on January 28, 1960, and progressing sporadically to late May, 1960, interviews were conducted with key people in the legislative process as defined for purposes of this thesis. During late May, 1960, and early June, 1960, remaining interviews were conducted. Although it was recognized that certain gaps and errors would appear in the data, nevertheless these interviews were largely confined to contacts which could be made in the Albuquerque-Santa Fe Area. Limitations of time and economic resources dictated this condition of the study. Fifty-one interviews were arranged. Of these, 48 were face-to-face contacts, and three were, of necessity, telephone interviews. Table 1 is indicative of the groupings into which interviewees fell as classified according to type of agency and their leading roles in the process in question.

One obvious deficiency in the data is the limited number of legislators in the interview sample. It was found, however, that the bills being analysed were not generally within the precise limits of their recall; and further activity was, therefore, deemed inadvisable. Several possibilities are recognized as being responsible for the limited recall experienced by these men. Chiefly, these are (1) the time lapse of three years since the twenty-

the new board members... Council of Social... the new board... Federal...

On January 20, 1960... specifically... with my... purpose of... June, 1960... it was... in the... confined... Santa Fe... dictated... were... and... I... full... leading...

One... number of... found... generally... further... possible... limited... are (1)...

TABLE 1

NUMBER OF PERSONAL AND TELEPHONE INTERVIEWS
BY
TYPE OF AGENCY AND ROLE
IN
NEW MEXICO TUBERCULOSIS LEGISLATION
1957, 1959

Type of Agency	Role	Number	Totals
New Mexico Political Parties	Campaign Manager	1	2
	Research Director	<u>1</u>	
New Mexico Press	Political Journalist	<u>1</u>	1
New Mexico State Legislature	Member, House of Representatives	5	8
	Member, Senate	2	
	Presiding Officer, Senate	1	
		<u> </u>	
Official National Health Agency	Medical Director	1	1
Official State Agency	Director or Chairman	6	14
	Professional Staff	6	
	Employees	<u>2</u>	
Voluntary Health Agencies in New Mexico	Executive Director or Executive Secretary	6	18
	President	2	
	Member, Board of Directors	3	
	Chairman, Legislative Committee	1	
	Member	<u>6</u>	
Other Voluntary Agencies in New Mexico	President	1	7
	Treasurer	1	
	Chairman, Legislative Committee	1	
	Member	<u>4</u>	
			<u> </u>
			51

NUMBER OF...
TYPE OF...
NEW...
1954

Type of Agency	Name	Address
New Mexico State	New Mexico State	New Mexico State
New Mexico State	New Mexico State	New Mexico State
New Mexico State	New Mexico State	New Mexico State
New Mexico State	New Mexico State	New Mexico State
New Mexico State	New Mexico State	New Mexico State
New Mexico State	New Mexico State	New Mexico State
New Mexico State	New Mexico State	New Mexico State
New Mexico State	New Mexico State	New Mexico State
New Mexico State	New Mexico State	New Mexico State
New Mexico State	New Mexico State	New Mexico State
New Mexico State	New Mexico State	New Mexico State
New Mexico State	New Mexico State	New Mexico State

third legislative session, (2) the tremendous pressures bearing upon the legislators in the sixty-day session, (3) the "non-controversial nature" of the bills, and (4) the tendency to rely on the "experts" in matters of health.

Interview schedules I, II, and III (see Appendix A) were utilized as the primary point of reference during the interviews. Informal, non-directive interview technique was used as recommended by Stanley L. Payne who points out that the free answer question is uninfluenced and elicits a wide variety of responses.²⁷ Such suggestions as Riker's "Do not worry about proper introduction" and "Make your appointment in person"²⁸ as well as Heard's "See the cooperative ones first"²⁹ and "In establishing rapport, exploit any common bond which can be found"³⁰ were utilized fully. The fact that the interviewer is a member of a health profession may have proved to be of some value in making these contacts. Kept firmly in mind also were the sociological implications of the interview as outlined by Benney and Hughes. They interpret the interview as a contractual sort of thing³¹ and believe it is "distinguished

²⁷ Stanley L. Payne, The Art of Asking Questions (Princeton: Princeton University Press, 1951), p. 49.

²⁸ Riker, op. cit., p. 41.

²⁹ Alexander Heard, "Interviewing Southern Politicians," American Political Science Review, XLIV, (December, 1950), p. 888.

³⁰ Ibid., p. 891

³¹ Mark Benney and Everett C. Hughes, "Of Sociology and the Interview: Editorial Preface," American Journal of Sociology, LXII, (September, 1956), p. 139.

by the convention that both parties to the encounter are equals, at least for the purposes and duration of the encounter."³²

It was the experience of the interviewer that all persons approached were eager to discuss matters freely within the bounds of their understanding of their contribution to the study. Because of the three-year time span as a source of possible error and for the basis of the tendency of the interviewees to dissemble,³³ that is, to rearrange the facts, caution was exercised in validating the statements made whenever possible. This was accomplished by the use of informal questioning in successive interviews to check the data previously received. Presentation of the material will reveal gaps for various reasons. It is believed, however, that use of this methodology has provided an adequate framework for the study.

Because power and the forces involved therein are the objects of this research, a further tool will be used. Although not a precise technical abstraction because value judgements of the interviewer and interviewees cannot be ruled out, an attempt will be made to hypothecate power models to show in graphic terms some of the forces which can be identified with respect to the power alignments surrounding these bills. These will appear in the analytical

³²Ibid., p. 141.

³³Riker, op. cit., p. 79.

by the Commission and the... of the...
 of the... of the...
 encounter...
 It was...
 persons...
 within the...
 bottom to the...
 as a...
 tendency...
 features...
 the...
 by the...
 views to...
 of the...
 is...
 provided...
 Before...
 the...
 Although...
 judgments...
 ruled...
 models...
 be...
 the...
 the...

...
 ...

sections in each bill-related chapter. The device of assigning numerical values to the relative positions of the groups will be used to facilitate comparison in the concluding chapter. Payne suggests that "real scientific research of any kind is rooted in value judgements"³⁴ and perhaps, therefore, some validity, in comparisons, at least, can be established.

To provide the proper background for the analysis of the bills, Chapter I will deal with the history of tuberculosis and the role played by government in control measures. Emphasis will be placed on the New Mexico scene. Herein, interestingly, lie many of the direct roots of the legislative process as we shall view it.

³⁴Payne, op. cit., p. viii.

sections in each of the following cases: (a) the
assigning numerical values to the various elements of
the groups will be based on the relative positions of
concluding that the... (b) the... (c) the...
research of my work is based on the...
and... (d) the... (e) the...
at least, etc. (f) the...
In... (g) the... (h) the...
of the... (i) the... (j) the...
tuberculosis and... (k) the... (l) the...
measured... (m) the... (n) the...
scope... (o) the... (p) the...
of the... (q) the... (r) the...

CHAPTER I

TUBERCULOSIS AND GOVERNMENT

This discussion is designed to provide an overview of this problem, painted in broad, free strokes to afford background material. No attempt is made to document in detail the fascinating history of tuberculosis. Rather, the intent will be to identify some of the significant phases of man's approach to understanding and controlling the disease.

"It is a truism that tuberculosis is an ancient disease."¹ There is conclusive evidence of the bony manifestations of the disease in skeletons and art of the Egyptian era although "tuberculosis of the lungs has never been found in Egyptian mummies."² The religion of these people imposed "minute regulations as to cleanliness of the body, clothing, utensils and dwellings, . . . so that their whole lives followed a hygienic pattern."³ It is further recorded that public health was accepted as their province by the State rulers of this ancient period and that public

¹Richard H. Shyrock, National Tuberculosis Association (New York: National Tuberculosis Association, 1957), p. 2.

²Henry E. Sigerist, History of Medicine (New York: Oxford University Press, 1955), p. 53.

³René Sand, The Advance of Social Medicine (London: Staples Press, 1952), p. 108.

This is a very interesting and important
of this problem, which is being
background - detail, in detail, in detail,
detail the background of the problem, in detail,
intent will be to detail the background of the
of man's system to understand the background of
disease.

"It is a very interesting and important
disease. There is a detailed evidence of the
location of the disease in the body, in detail,
system are also very important in detail,
been found in detail, in detail, in detail,
people report their symptoms in detail, in detail,
body, chest, stomach and intestines, in detail,
whole lives for over a period of years, in detail,
recorded that their health was very poor, in detail,
by the State of this country, in detail, in detail,

¹London, 1870, p. 100.
²London, 1870, p. 100.
Oxford University Press, 1870, p. 100.
London, 1870, p. 100.

health was "Given a positive character and practical expression even before the art of medicine."⁴

The disease was clearly described by Hippocrates (460-377 B.C.).⁵ Using the obsolete term phthisis,⁶ he recommended rest, change of climate, and good food to control it.⁷ Galen (130 A.D.) also described it as an infectious process and, using the customary approach for drying up secretions, sent his patients to dry, elevated resorts.⁸ Sea voyages and milk and egg diets were also recommended by these Greek physicians.⁹

Because of the taboos on the post-mortem study of the human body which persisted well into the fifteenth century, few advances were made in the knowledge or control of tuberculosis. Indeed, it would seem that recourse was made to quite primitive patterns of care. For the late ancient and medieval peoples, tuberculosis apparently fell into the classification of "natural" diseases which "come of themselves and people know how to treat them."¹⁰

⁴ Ibid., p. 145.

⁵ Edward O. Otis, Pulmonary Tuberculosis. (Boston: W. M. Leonard, 1920), p. 26.

⁶ Pronounced thī sis.

⁷ Carl H. Gellenthein, "Climate and its Effects upon Disease," New Mexico Health Officer, IX (September, 1943), p. 1.

⁸ Otis, op. cit., p. 27.

⁹ Ibid.

¹⁰ Sigerist, op. cit., p. 202.

These call for such rational treatments as "poulticing, bloodletting, massage, vapor baths, and counter-irritation."¹¹ Professor Russell observes that "even the easily observed technique of the rest cure for tuberculosis escaped them. . . ." ¹² He further concludes that it was the most dangerous endemic disease during the medieval period.¹³ He postulates that changes in climate, such as the chilling from 700 to 1200 A.D., as well as a decrease in density of population, may account for variation in incidence during these centuries.¹⁴ Dr. Rene Sand, English author, lists tuberculosis among the diseases claiming many lives in the thirteenth and fourteenth centuries.¹⁵

The contagious nature of the "white plague" was recognized by many physicians of this period, but many universities "still taught that phthisis was hereditary."¹⁶ Public health measures were focused on the control of contagion in general. It will be recalled that these were the centuries of the great plagues. Conditions related to this period must be kept in mind because they are descriptive of the environment

¹¹ Ibid.

¹² Josiah C. Russell, Late Ancient and Medieval Population (Philadelphia: The American Philosophical Society, 1958), p. 35.

¹³ Ibid.

¹⁴ Ibid., p. 36.

¹⁵ Sand, op. cit., p. 150.

¹⁶ Ibid., p. 152.

from whence came the Spanish explorers to New Mexico.

In the seventeenth and eighteenth centuries lies the rise of modern scientific concepts about tuberculosis. Sylvius (1614-1672) and Richard Morton (1689) first described the tubercle as the lesion to be associated with phthisis.¹⁷ In 1638 Lazarus Riverius wrote:

Moreover there are causes of pulmonary phthisis, as contagion, which is chiefest, for this disease is so infectious we may observe women to be infected by their husbands and men by their wives and all of their children to die of the same, not only by heredity but from the company of him who was first affected.¹⁸

Specific decrees and laws now enter the picture. In 1699, Lucca's General Health Council decreed the fumigation of clothing belonging to consumptives,¹⁹ notification of phthisis, and disinfection of sputum.

These measures were taken in the various Italian States, in Spain,²⁰ Provence, Lorraine, and Germany. Venice and Naples even established tubercular hospitals.²¹

In 1720 Benjamin Marten published in London A New Theory of Consumptives in which he proclaimed the germ theory for the disease.²² In America, Reverend Cotton Mather reflected the presence of the problem in

¹⁷Shyroock, op. cit., p. 6.

¹⁸Otis, op. cit., p. 31.

¹⁹Another term which refers to pulmonary tuberculosis.

²⁰Italics are mine.

²¹Sand, op. cit., p. 164.

²²Ibid., p. 7.

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colonial settlements by the eager acceptance of Marten's theories.²³ It is also recorded that

physicians in Italy who did not report their cases of consumption were fined 300 ducats (\$600-\$700) for the first offense and for the second were exiled ten years.²⁴

To the speculative mind of this era, a humoral theory, or activities of a mystical soul, had great appeal because it expressed a unifying principle for them.²⁵ However, little use was made of the accumulated knowledge until late in the next century.

It was in 1882 that Robert Koch published his "Die Aetiologie der Tuberculose" in a German medical journal.²⁶ His work was no isolated incident but a product of the century which produced the stethoscope, improved microscope, and specific theories of disease. "The circle was complete. The mass killer was revealed."²⁷ The tubercle bacillus and not heredity was the culprit. Some twenty years were to elapse before the traditions of heredity were to have their demise.

Twentieth century strides have embraced immunization, mass surveys, and drug therapy. In the following

²³Shyrock, op. cit., p. 9.

²⁴Otis, op. cit., p. 31.

²⁵Shyrock, op. cit., p. 12.

²⁶Cavins, op. cit., p. 22.

²⁷Shyrock, op. cit., p. 25.

section is a description of some of the social and political structures which have facilitated these advances in tuberculosis control. These particular institutions are characteristically American and are born of a democratic way of life.

The question of when a health matter becomes a public health problem is succinctly expressed by Dr. Mustard who comments:

Here it may be said that the general trend is to consider that a health problem becomes a public health one when, because of its nature or extent,²⁸ it may be solved only by systematized social action.

Communicable disease would exemplify just such a problem as he suggests. Therefore, tuberculosis control seems to fall categorically in the sphere of public health.

The history of the public health movement dates from the early United States Marine Hospitals and United States sanitary codes.

Public health measures were not carried out by permanent governmental bodies as a rule, but by temporary appointment of commissions and by grants of funds to meet emergencies.²⁹

This would seem to indicate a policy of meeting disaster when it occurred rather than attempting to prevent it in the first place. As a result of this approach, government health agencies "sprouted" wherever a need was recognized.

²⁸ Harry S. Mustard, Government in Public Health (New York: The Commonwealth Fund, 1945), p. 5.

²⁹ Wilson Smillie, Public Health Administration in the United States (New York: MacMillan Company, 1947), p. 12.

...the question of when a health care system is
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...This would seem to...
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Since the inception of the United States Department of Health, Education, and Welfare, in 1952, there has been a trend toward unity in health control programs. This serious need was recognized by the 1952 President's Commission on Health Needs of the Nation. However, 24 of the 25 agencies listed by Dr. Mountin in 1950 remain outside this new authority.³⁰ To trace the bureaucratic structure of tuberculosis control in the Federal government, one must refer to the Department of Health, Education, and Welfare which contains the United States Public Health Service. In the United States Public Health Service there is the Bureau of State Services which has a Division of Special Health. In this division is the Tuberculosis Branch.³¹ As Dr. Beckman indicates, the philosophy of the federal agency is to provide consultation and stimulation for the development of state and local programs.³² The categorical grant-in-aid program is also handled in this agency being allotted to the states on the basis of (1) population, (2) financial need, and (3) extent of the problem.³³ These funds are sent into the state on a 2:1 matching basis.³⁴ Figure 1

³⁰ Joseph W. Mountin and Evelyn Flook, Guide to Health Organizations in the United States (Washington: United States Government Printing Office, 1953).

³¹ Norman S. Beckman, "Federal-State Relations in Public Health" (unpublished PhD. dissertation, Department of Political Science, Columbia University, 1957), p. 109.

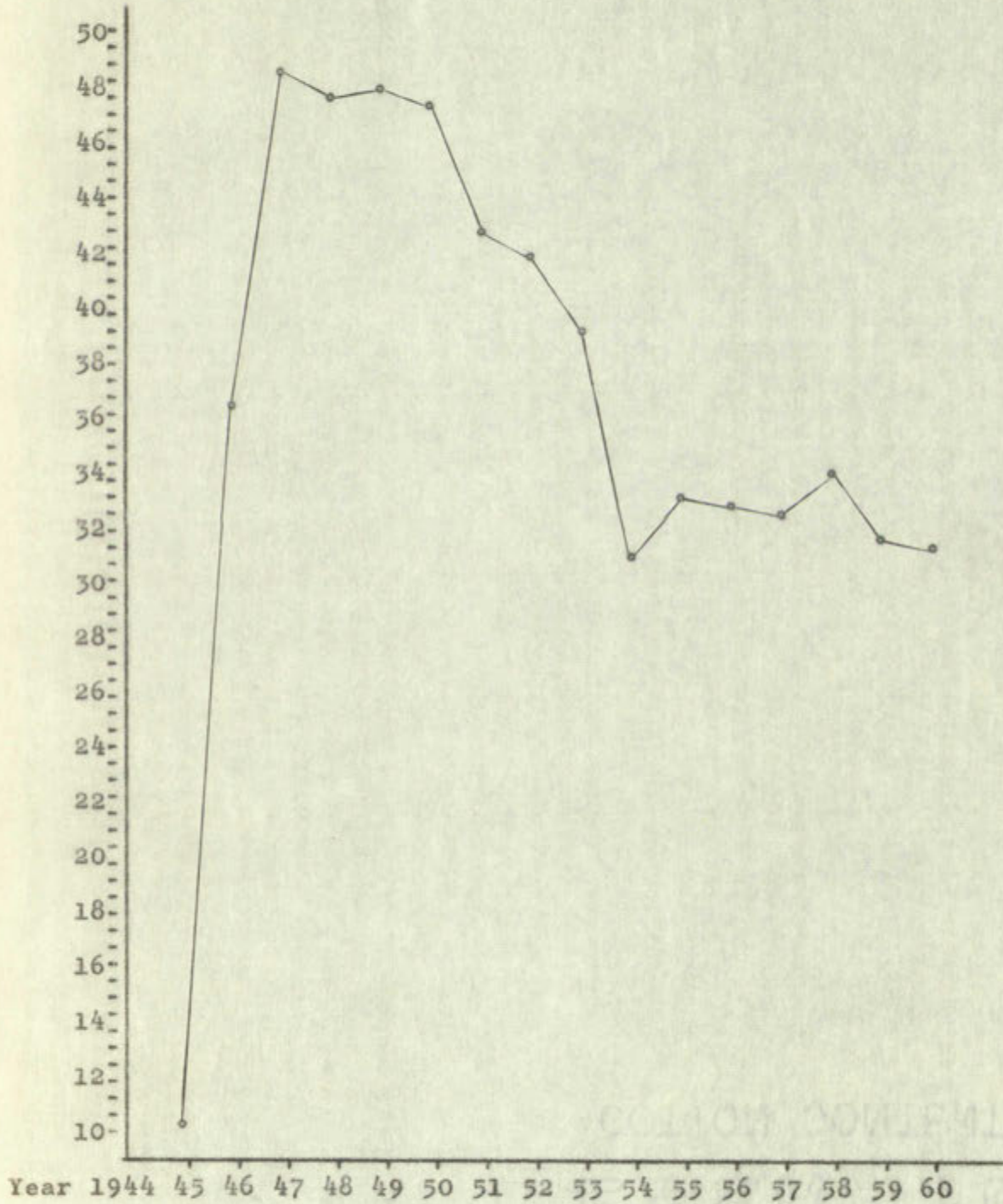
³² Ibid., p. 11.

³³ Earl C. Segrest and Arthur J. Misner, The Impact of Federal Grants-in-Aid on California (Berkeley: University of California, Bureau of Public Administration, 1954), p. 138.

³⁴ Ibid.

FIGURE 1

FEDERAL GRANT ALLOCATIONS TO NEW MEXICO
FOR TUBERCULOSIS CONTROL*
(In Thousands of Dollars)



*Data submitted by Tuberculosis Control Branch, USPHS, 1960.
(See Appendix B for precise figures.)

depicts the dollar value of grants-in-aid to New Mexico in the category of tuberculosis control dating from the time these grants were established by the Public Health Service Act of 1944.³⁵ Conditions for the use of these funds are carefully specified and are, at this time, exclusive of operation of the tuberculosis hospitals.³⁶

In addition to the official federal agency, so designated because it is created by an Act of Congress³⁷ or upheld by Court decision³⁸ there are also the national voluntary health agencies. Cavins cites Alexis de Tocqueville as stating:

Americans of all ages, all conditions, and all dispositions constantly form associations. . . . In France one would find the government at the head of such projects.³⁹

This illustrates the genesis of such organizations. He further remarks that in keeping with democratic principles, in our nation, "public health has from the first been decentralized."⁴⁰ Two of these voluntary health agencies are of special interest for this study.

³⁵P.L. 410, 78th Congress, 58 Stat. 682, cited by Segrest and Milner, Ibid., p. 19.

³⁶Policies covering use of Tuberculosis State Grants," Excerpted from PHS-CB Health Grants Manual; Purposes and Activities - PHS Grants, Part 13-3 (Mimeographed)

³⁷Mustard, op. cit., p. 9.

³⁸Tobey, op. cit., pp. 149-161.

³⁹Cavins, op. cit., p. 32.

⁴⁰Ibid., p. 12.

depicts the total picture of the program in the
the category of Federal activities. From the time
these grants were received in the fiscal year
service for 1951. The program was continued
funds are available for the fiscal year 1952
division of education of the Department of
in addition to the Federal Government of
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or upheld by State boards of education or
voluntary bodies. The program is being
will be continued.

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funds are being used for the program
such projects.
This illustrates the results of the program
further research that is being done in the
in our nation, and to determine the effect
centralized. The program is being
of special interest for this year.

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- 35. In the year 1951, the program was continued
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 - 38. The program was continued in the year 1954
 - 39. The program was continued in the year 1955
 - 40. The program was continued in the year 1956

OFFICE OF THE
DIRECTOR

The American Medical Association was founded in 1847 in an era when the profession felt the need to improve its standards and upgrade the status of the physician.⁴¹ Branded as a "special interest group,"⁴² it has nevertheless improved medical practice and has been a source of conservatism in health matters. The American Medical Association is categorized as a professional voluntary health organization. Other national professional health organizations have not had direct influence upon the question at hand and, therefore, will not be discussed in this thesis.

In a second category, promotional voluntary health organization, is the National Tuberculosis Association. Cavins find this type of organization a distinctly twentieth century phenomenon and "without counterpart in European nations."⁴³ Established in 1904,⁴⁴ the association was the culmination of a century of ferment. Shyrock comments that the American Medical Association (1847), the American Public Health Association (1872), and the American Climatology Association had dealt with the disease but not in a com-

⁴¹Richard H. Shyrock, The Development of Modern Medicine (Philadelphia: University of Pennsylvania Press, 1936), Chapter XIII.

⁴²To use the modern term!

⁴³Cavins, op. cit., p. 12.

⁴⁴Shyrock, National Tuberculosis Association, p.

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prehensive way.⁴⁵ The leadership for the National Tuberculosis Association came from medical groups, and lay members were also recruited. A balance of these interests was at issue when the early policies were formulated.⁴⁶ Public Health oriented from the beginning,⁴⁷ the association has stood firmly for education and social reform while assiduously avoiding direct involvement in economic relief for patients.⁴⁸ The complete story of the growth of this organization is carefully documented in Dr. Shyrock's National Tuberculosis Association, 1904-1954, and in S. Adolphus Knopf's A History of the National Tuberculosis Association, as referred to elsewhere in this thesis. A measure of the effectiveness of these various social and political structures can be seen in Table 2, Tuberculosis in the United States, Death Rates 1900 to 1954.

The drop in the tuberculosis death rates among children and young adults indicate a reduction in the transmission of the disease from person to person. Tuberculosis at the beginning of the century was mainly a disease of young adults; today tuberculosis is increasingly becoming a disease of older age groups.⁴⁹

Beset by the factors of urbanization and the

⁴⁵ Ibid., p. 69.

⁴⁶ Ibid., p. 83.

⁴⁷ Interview with Robert J. Utzinger, June 8, 1960.

⁴⁸ Shyrock, National Tuberculosis Association, p. 85.

⁴⁹ Communicable Disease Summary (Santa Fe: Department of Public Health), IV (March 23, 1957).

poverty⁵⁰ which resulted from the industrial revolution and the turbulence of two great wars, our dropping mortality rates seem to be the result of real progress in the control of this scourge of mankind.

TABLE 2

TUBERCULOSIS IN THE UNITED STATES
DEATH RATES BY AGE GROUP
1900 to 1954
(Per 100,000 Population)*

<u>Age Group</u>	<u>1900</u>	<u>1920</u>	<u>1940</u>	<u>1954</u>
0- 4	146.1	57.8	14.6	2.4
5-14	36.2	22.4	5.5	0.3
15-24	205.7	136.1	38.2	2.2
25-34	294.3	164.9	56.2	5.8
35-44	253.6	147.4	59.4	10.3
45-54	214.6	137.2	66.3	16.5
55-65	223.0	141.3	75.8	23.6
65-74	256.1	163.8	81.5	35.7
75-84	279.3	157.7	80.1	44.1
85 and over	204.5	132.3	63.9	39.4
All ages	194.4	113.1	45.9	10.2

*From Public Health Service Tuberculosis Program "Tuberculosis Chart Series, 1956, Second Edition."⁵¹

With this brief survey of the history of tuberculosis and some American institutions which have been utilized in the citizen's attempts to control it, we turn our attention to the New Mexico scene.

⁵⁰It is interesting to note that J. C. Russell, *op. cit.*, p. 39, cites C. A. Mills, *Climate Makes the Man* (New York: Harper Brothers, 1942), p. 229, as stating that tuberculosis is one of the diseases whose incidence did not increase in the great depression of 1929-1938. This fact was not reflected in New Mexico, however, because of large numbers of infected migrant persons.

⁵¹Communicable Disease Summary, *op. cit.*

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Age Group
0-4	18.1	...
5-9	17.2	...
10-14	16.3	...
15-19	15.4	...
20-24	14.5	...
25-29	13.6	...
30-34	12.7	...
35-39	11.8	...
40-44	10.9	...
45-49	10.0	...
50-54	9.1	...
55-59	8.2	...
60-64	7.3	...
65-69	6.4	...
70-74	5.5	...
75-79	4.6	...
80-84	3.7	...
85 and over	2.8	...
All ages	15.1	...

*From Public Health Service, 1950, "Mortality Statistics for the United States, 1949-1950", p. 10.

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TUBERCULOSIS IN NEW MEXICO

More than four centuries ago Spanish explorers entered the territory which is New Mexico.

The first Friars who followed the flag of Spain into this new land discovered here a climate so perfectly balanced the year around, so brilliant with sunshine, and so tempered with breezes of a mile-high altitude that the Franciscan Order soon began sending its representatives of poor health to this part of the world.⁵²

Thus it seems logical to assume that some tuberculosis was introduced into New Mexico from these Spanish sources.

However, Dr. Mulky points out that the cultural pattern for the early groups of Spanish people was that of individual islands without much contact outside the settlement.⁵³

This would militate against the spread of the disease during these early years. He notes that early American writers, both lay and medical, commented on the beneficial climate of the region and the rarity of pulmonary diseases among the natives.⁵⁴

"Migration west for 'lung trouble' began long

⁵²Bennett F. Roberts, "Albuquerque A Noted Health Center," *The Historical Encyclopedia of New Mexico*, ed. Ellis Arthur Davis, I (1945), p. 66.

⁵³Carl Mulky, "Tuberculosis in the Spanish population of New Mexico," *Southwestern Medicine*, XXV (Spring, 1941), p. 165.

⁵⁴Ibid.

INTERNATIONAL LAW

That the law of nations is not a mere theory

entered the very body of the law.

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ago."⁵⁵ In 1831, Josiah Gregg, pioneer trader and early writer of the West, was advised by his physician to "take a trip across the prairie" to recover his health. The trip, not the destination, was the beneficial part of such an excursion. The value of climate and exercise were widely acclaimed as cures for this malady. As traders drifted back to the eastern cities, stories of miraculous recoveries led more and more "lungers" to journey to New Mexico. Transportation was difficult; but by the time railroad travel was opened in 1881, many people had already benefited by the high, dry climate. Sister Blandina, in At the End of the Santa Fe Trail, alludes to tuberculosis sufferers who came under her care.⁵⁶ The coming of the automobile contributed further to the spread of the disease into the rural areas. In addition, the opportunity for domestic employment in the homes of infected persons was a factor in the spread of the disease to the lower income groups who sought this work.⁵⁷

The numbers of these health-seeking immigrants is placed in the thousands. So numerous were they that the treatment of tuberculosis became one of the economic re-

⁵⁵The material in this paragraph is drawn from Esmond R. Long, "Weak Lungs on the Santa Fe Trail," Bulletin of the History of Medicine, VIII (July, 1940), p. 1040.

⁵⁶Sister Blandina Segale, At the End of the Santa Fe Trail (Milwaukee: The Bruce Publishing Company, 1948), p. 222.

⁵⁷Interview with Myrtle Greenfield, Director of New Mexico Public Health Laboratory, Department of Public Health, Retired, June 22, 1960.

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sources of the state, and particularly of Albuquerque.⁵⁸ Sanatoria were developed on the pattern of the famous Saranac Lake Sanatorium in New York State and were among the best in the country.⁵⁹ Erna Fergusson depicts the life in the heyday of this influx as follows:

People stroll along the streets in bath-robcs and slippers and stop to chat with others in chasing chairs on the lawns. To have the bug is no disgrace; it opens the door for friendliness.⁶⁰

An interesting chronicle of the era is the Herald of the Well Country, Trade Journal of the Healthseeker, published by the New Mexico Public Health Association as its official organ. These pages reflect the hopes and aspirations of those who came to New Mexico to regain their health. When the Maytag Research Laboratory for Tuberculosis of the Southwest Presbyterian Sanatorium was established in 1907, the fact was noted that the presence of five thousand patients in the city provided an unusual opportunity for research.⁶¹

When John Gunther visited New Mexico in the mid-forties, he observed:

⁵⁸Erna Fergusson, Our Southwest (New York: Alfred A. Knopf, 1940), p. 227.

⁵⁹Excerpts of Regional Staff Conference on "Tuberculosis as a Public Health Problem," New Mexico Health Officer, IX (September, 1941), p. 91.

⁶⁰Fergusson, op. cit., p. 242.

⁶¹The Maytag Research Laboratory for Tuberculosis (Albuquerque: The Southwestern Presbyterian Sanatorium, 1907), p. 7.

The foundation of New Mexican life is, in a word, sunshine. . . . There are mineral deposits but the state lives on its high dry climate. . . . This has contributed considerably to political leadership in that so many New Mexicans who have risen high came out originally for their health. The state is more or less run by 'lungers'."⁶²

Despite the enormity of the problem, organization, America's way to find a solution, was not effectively utilized until after 1917.

The first state association in New Mexico was the New Mexico Society for the Study and Prevention of Tuberculosis, formed in 1909. . . . This society, however, never functioned as a state-wide organization and, except for a small amount of activity centered largely⁶³ in Albuquerque, its headquarters, did very little work.

The establishment of the Department of Public Health, largely due to the instigation of the New Mexico Public Health Association (1917) which later became the New Mexico Tuberculosis Association, did not come until 1919.⁶⁴

One of the most important movements in which the medical board, the woman's clubs and other organizations of the state have interested themselves is the establishment of a department of public health in⁶⁵ New Mexico, headed by a commissioner or state board.

This is an early record of the strategy used to bring enactment of such a bill. In September, 1918, J. W. Kerr, Surgeon

⁶² John Gunther, Inside U.S.A. (New York: Harper Brothers, 1951), p. 887.

⁶³ S. Adolphus Knopf, A History of the National Tuberculosis Association (New York: The National Tuberculosis Association, 1922), p. 113.

⁶⁴ Thirty-Three Years (Albuquerque: New Mexico Tuberculosis Association, 1950).

⁶⁵ "The Public Health," The Herald of the Well Country III (July, 1917), p. 9.

of the United States Public Health Service conducted a survey in New Mexico.⁶⁶ He found territorial structures of county health officers and a state board of health. Constitutional provisions forbidding annulment of these structures and territorial laws as well as permissive provisions for future legislation are mentioned by Dr. Kerr. These provisions are as follows:

All laws of the Territory of New Mexico in force at the time of its admission into the Union as a State, not inconsistent with this Constitution, shall be and remain in force as the laws of the State until they expire by their own limitation, or are altered or repealed; and all rights, actions, claims, contracts, liabilities and obligations shall continue and remain unaffected by the change in the form of government.⁶⁷

John Tombs outlines other steps utilized in the legislative process preceding the Legislative Session of 1919.⁶⁸ He points out that the extant Board of Health was ineffective because of lack of funds.⁶⁹ Dr. W. A. Evans, president of the American Public Health Association and Charles M. DeForest of the National Tuberculosis Association visited the state to give impetus to the move for

⁶⁶J. W. Kerr, "Public Health Administration in New Mexico," The Herald of the Well Country, V (January, 1919), p. 1.

⁶⁷The Constitution of the State of New Mexico, Article 22, Section 4.

⁶⁸Material for discussion in this paragraph is adapted from John Tombs, "The New Health Laws and the Department of Health of New Mexico," The Herald of the Well Country, VI (May, 1920), p. 5.

⁶⁹Dr. Kerr recommended a separate Board of Medical Examiners on the theory that licensing of physicians was self-supporting and was preventing full attention to public health matters at that time.

1919

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legislation to create a Department of Public Health. An educational campaign was conducted.

The short route would have been to have used every bit of political influence our Board had, and they had a good deal of it, and thus secure the establishment of the department by machine methods.

. . . The establishment of the department of health without the active support of the people of the state would unquestionably have meant the early failure of the whole venture. It does not pay to force your legislation too far ahead of your educational barrage.⁷⁰

In a post-influenza epidemic atmosphere, surveys, lectures, addresses, meetings, moving pictures, slides, exhibits, bulletins, news items, special articles in newspapers and magazines, and pamphlets in Spanish and English (57% of the population was Spanish-speaking) were used. Resolutions were passed in "every conceivable type of organization"⁷¹ to educate the people even though their legislative influence might be negligible.

Addresses were made before churches, women's clubs, merchant's associations, child welfare and public health groups, medical societies, chambers of commerce, and Rotary clubs. At a meeting of New Mexico Municipalities, Mr. G. Frank Curns of Wagon Mound, a prominent legislator, offered to sponsor the measure.

The sponsoring group managed to get a public health plank in the platform of both parties. The governor, the Honorable Octaviano A. Larrazolo, included an imperative for the measure in his message to the legislature. The

⁷⁰Tombs, op. cit., p. 5.

⁷¹Ibid.

legislation to extend the term of office of the President
educational committee was organized.

The committee would have been to have been a
of political interests in the past, and it is
good deal of it, and thus it is not a
the department of education.
... The committee of the House of Representatives
without the assistance of the Senate of the United States
would be a very important body in the history of the
the whole country. It is not the way in which the
action for the good of the whole country.

In a post-war situation, however, it is
addressed, and it is not the way in which the
bill is passed, and it is not the way in which the
magazines, and it is not the way in which the
the population of the United States is being educated,
were passed in every country where the system of education
educate the people, and it is not the way in which the
might be regarded.

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Frank Church of Idaho, and it is not the way in which the
to sponsor the bill.

The committee is not the way in which the
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Governor's legislative committee determined the contents of the bill with the assistance of Dr. Kerr. Mr. Ira Grimshaw, clerk of the supreme court, drafted it. Mr. Tombs further relates:

During its passage the bill had many adventures; was lost once and before it was done became the most noteworthy piece of legislation of the session.⁷²

This was not the only effort of this effective leadership group. Under the aegis of Clinton P. Anderson, executive secretary of the New Mexico Public Health Association, a bill was presented to a special legislative session to enable the counties to levy up to 1/2 mill expressly for public health purposes. The chronicler does not report whether this legislation was enacted.⁷³

The twenties saw few counties cooperating with the provisions of the law because of lack of funds or apathy. The thirties brought the great depression, many migrant consumptives, and with it the Social Security Act of 1935. To facilitate the implementation of the Relief and Security Authority, the boards of the Department of Public Health and Department of Public Welfare were combined under the supervision of a combined board.⁷⁴ This was accomplished through gubernatorial authority. The 1937 Legislature separated

⁷²Ibid., p. 6.

⁷³Ibid.

⁷⁴Thomas C. Donnelly, Public Health Administration in New Mexico (Albuquerque: University of New Mexico Press, 1938), p. 11.

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the two authorities to give greater emphasis to the public health service.⁷⁵ To the late thirties belong the the enactment of basic public health legislation.⁷⁶ At this time, the principle of districting, to combine wealthy and poor counties, was enacted into law under the district health plan. Despite these progressive moves, however, tuberculosis stood first as a cause of death in New Mexico.⁷⁷

It was during the late thirties that Socorro Sanatorium, a former Civilian Conservation Corps Camp, was converted, "on a shoestring,"⁷⁸ into a State-owned and operated tuberculosis institution, the first state facility of its kind. A second tuberculosis hospital was added to the holdings of the state in 1953.⁷⁹ The former United States Marine Hospital at Fort Stanton was deeded to the state and was destined to play a major role in the future of tuberculosis control in New Mexico.

⁷⁵Thomas C. Donnelly, Government of New Mexico, (Albuquerque: The University of New Mexico Press, 1947), p. 141.

⁷⁶Interview with Estella Ford Warner, Medical Director, United States Public Health Service, Retired, June 3, 1960.

⁷⁷Donnelly, Public Health Administration, op. cit., p. 29.

⁷⁸Interview with Murray Hintz, Director, Department of Public Welfare, June 7, 1960.

⁷⁹Interview with Daniel Kusianovich, Business Manager, Fort Stanton Hospital, Retired, June 1, 1960.

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Thomas G. Dewey, Governor of New York,
(Albany: The University of the State of New York, 1950), p. 147.

Director, United States Public Health Service,
June 2, 1950.

Dewey, United States Public Health Service,
p. 27.

Interview with...
of Public Health, June 2, 1950.

Interview with...
Manager, New York...
June 2, 1950.

Table 3 illustrates the morbidity and mortality rates for New Mexico 1938 to 1958, indicating the relative effectiveness of factors contingent upon tuberculosis control in New Mexico.

TABLE 3

TUBERCULOSIS MORBIDITY AND MORTALITY
NEW MEXICO, 1938 to 1958*
(Per 100,000 Population)

<u>Year</u>	<u>Newly Reported Cases</u>	<u>Deaths</u>
1938	155.2	74.8
1939	154.7	71.7
1940	164.3	71.8
1941	176.9	65.8
1942	167.9	60.7
1943	186.9	56.1
1944	258.4	53.2
1945	511.0	55.4
1946	396.1	60.9
1947	260.2	49.1
1948	227.4	43.7
1949	212.9	40.7
1950	133.6	37.1
1951	111.0	30.2
1952	145.7	24.0
1953	138.3	16.5
1954	118.6	14.8
1955	95.7	13.3
1956	78.2	11.7
1957	76.8	12.4
1958	80.1	11.7

*From New Mexico Department of Public Health, 80
Communicable Disease Summary, November, 1959.

Where comparable, it will be noted that these data reflect rates above the national figures shown in Table 2, page

⁸⁰Tuberculosis in New Mexico, 1959 (Santa Fe: New Mexico Department of Public Health, Division of Communicable Disease Control, 1959), p. 45.

Table 3 illustrates the monthly and quarterly rates for New Mexico in 1958, based on the relative effectiveness of factors contributing to the total rate of inflation.

Table 3
 MONTHLY AND QUARTERLY RATES FOR NEW MEXICO, 1958
 (For an explanation of the symbols, see page 10)

Year	Rate
1958	10.1
1957	7.2
1956	7.8
1955	10.2
1954	10.2
1953	10.2
1952	10.2
1951	10.2
1950	10.2
1949	10.2
1948	10.2
1947	10.2
1946	10.2
1945	10.2
1944	10.2
1943	10.2
1942	10.2
1941	10.2
1940	10.2
1939	10.2
1938	10.2
1937	10.2
1936	10.2
1935	10.2
1934	10.2
1933	10.2
1932	10.2
1931	10.2
1930	10.2
1929	10.2
1928	10.2
1927	10.2
1926	10.2
1925	10.2
1924	10.2
1923	10.2
1922	10.2
1921	10.2
1920	10.2
1919	10.2
1918	10.2
1917	10.2
1916	10.2
1915	10.2
1914	10.2
1913	10.2
1912	10.2
1911	10.2
1910	10.2
1909	10.2
1908	10.2
1907	10.2
1906	10.2
1905	10.2
1904	10.2
1903	10.2
1902	10.2
1901	10.2
1900	10.2

*From a review of the data it is noted that the rate of inflation for New Mexico in 1958 was 10.1 percent.

These comparisons, it will be noted, show that the rate of inflation for New Mexico in 1958 was 10.1 percent, which is above the national rate of 7.2 percent.

50
 New Mexico Department of Finance
 Santa Fe, New Mexico, 1958

24. The figures shown in Table 3 are inclusive of Indian groups in New Mexico.⁸¹

The challenge for tuberculosis control in New Mexico is extraordinarily great. Some states think of the battle against the "white plague" as won. Here in the southwest there is still much to do to assure the protection of the citizenry from exposure to the disease and to assist those who have it to achieve a complete recovery.

⁸¹Because the care and planning for tuberculosis control among the New Mexico Indian groups is largely a federal government responsibility, the interesting story of this people's struggle with the disease is not treated in this thesis.

24. The League of Nations...
 groups in New Mexico.
 The objective of the...
 Mexico to...
 the battle against...
 the northwest...
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25. The...
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CHAPTER II

HOUSE BILL 133

Nestled in the purple shadow of Socorro County's Magdalena Mountain Range and perched high in the beautiful, forested Capitan mountains of Lincoln County were the two tuberculosis sanatoria held by the state of New Mexico in the 1950's. Traditionally, "state legislatures had never authorized a special appropriation to finance the operation of the State Tuberculosis Sanatorium,"¹ during the days when Socorro Hospital was the only tuberculosis institution in the state. Nor had things changed when Fort Stanton was acquired in 1953. Instead funds had to be provided from state appropriations for the Department of Public Welfare.² The demands on the Department resources, which rose because of the reduction of economic resources due to drought in the mid-fifties, were higher than funds available to the Department. This meant many budgetary shifts in the Department of Public Welfare to provide even a minimum of operating costs.³ The two institutions

¹ State Tuberculosis Sanatorium (Santa Fe: New Mexico Department of Public Welfare, 1952), p. 10.

² Ibid.

³ Interview with Murray Hintz, June 7, 1960.

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1930

located in the ...
 Magdalena Hernandez ...
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 Stanton was ...
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were known as the stepchildren of the welfare department.⁴ Manifestly, the Director of the Public Welfare Department was "not satisfied with the job he was doing"⁵ with respect to these hospitals. For analytical purposes of this thesis, this department shall hereafter be referred to as Power Group I; the Director, as Role A.

The payrolls and contracts relative to the operation of the tuberculosis hospitals had become a matter of interest to politicians. The county chairmen, particularly powerful in New Mexico politics,⁶ could gain considerable advantage through control of appointments in the non-professional ranks at the hospital. Because of the Socorro Sanitorium's proximity to the city of Socorro, it provided an important source of work for the citizens as well as a market for goods and services of the merchants. The Fort Stanton Sanitorium, of course, provided similar opportunities but was not as closely identified with any New Mexico city because of its relative isolation. Along with its federal control for so many years, it had been the object of national maneuvers. It is said that Senators Chavez and Anderson supported its continuing operation to boost the economy of

⁴ Interview with Rodger MacQuigg, Chairman, New Mexico Tuberculosis Hospitals Board, January 28, 1960.

⁵ Interview with Murray Hintz, June 7, 1960.

⁶ Interview with Will Harrison, Reporter and Political Journalist, June 6, 1960.

of the east side of the state.⁷ When control of the institution went to the state, it was logical to find the national political interest being transferred to the State and ultimately to the Governor whose political power in the state as titular head of his party is great indeed.⁸ For analysis, this environmental factor of political patronage shall be known as Influence 1. The role of national political persons exerts some influence on the state scene. However, this factor shall be considered as outside the analytical arena. The state figures are important. Therefore, the Governor shall be known as Figure A and the county chairmen as figures a, b, c, etc.

It is well to note that terminology at this point includes (1) Power Groups, to identify the structures and Roles within the groups. The system of odd-numbered Roman numerals for the official agencies and even-numbered Roman numerals for the non-official agencies shall be used to distinguish between these major groups of organizations which are in the health field; (2) Influences, which shall denote environmental factors which can be identified; and (3) Figures, which classification shall be used in reference to political leaders at the various levels.

Due to Influence 1, therefore, certain dislocations

⁷Ibid.

⁸Gunther, op. cit., p. 889.

of the east side of the river. The extent of the
inland waterway system is not known. It is
national political interests in the region
and ultimately in the country. The
the district. It is not clear if the
for analysis. The information is not
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political system. It is not clear if
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analytical means. The factor will be
Therefore, the factor will be considered as
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factors which are in the district. It is
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and (2) factors, which are analytical
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Due to the district, it is not clear if

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10/10/10

and maladjustments did occur in the operation of the state sanatoria. This was not necessarily a quid pro quo matter but was the result of certain agreements made with supporters of the Republican party (Power Group X). An occasional poorly qualified person was appointed or a wasteful contract was negotiated.⁹

An additional and relatively insoluble problem arose. This was the difficulty of hiring professional staff, which shall be known as Influence 2. Strangely enough, money was not the problem here.¹⁰ Apparently, the relative isolation of the hospitals, and perhaps the sensitivity of the leadership in Power Group I to changing political party administrations, as well as other factors, made it impossible for this group to hire adequate staff for optimum patient care. The conditions surrounding Influence 2 are rather blaringly documented in front page releases of the Albuquerque Journal.¹¹

The belief was that optimum care was not being provided by the State of New Mexico for the tubercular citizens. This precise need occasioned House Bill 133¹² which proposed transfer of the control of the tuberculosis

⁹ Interview with Daniel Kusianovich, June 1, 1960.

¹⁰ Interview with Murray Hintz, June 7, 1960.

¹¹ Albuquerque Journal, June 27, 1954; June 30, 1954; and March 25, 1955.

¹² See Appendix C for a copy of the provisions of the bill.

and management and other...
 but was the result of...
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hospitals from the department of public welfare to the department of public health. Other power groups now began to move.

The New Mexico Tuberculosis Association, to be known as Power Group II; its executive director, as Role A, began to believe that definitive action must be taken. On July 11, 1954, Power Group II resolved that a change of control of the tuberculosis hospitals from Power Group I to Power Group III would be desirable.¹³ The Department of Public Health will be known as Power Group III; its director, as Role A.

Meanwhile, in the Department of Finance, (Power Group V) there existed the conviction that the operation of separate Departments of Health and Welfare was not in the best interests of economy and efficiency.¹⁴ This idea was also supported by the recommendations of the 1952 Little Hoover Commission which fully documented the advantages of a merger of the two departments.¹⁵ This merger issue shall be known as Influence 3. Combined with other issues related to Power Group I and outside the scope of this thesis, enough public opinion was aroused to prompt incorporation of the merger issue in the Democratic (Power Group VIII) platform. The plank read, in part:

. . . whereas economies and consolidations in state government should be given mature and constructive

¹³Minutes of the Meeting of the Board of Directors, New Mexico Tuberculosis Association, Santa Fe, New Mexico, July 11, 1954 (in the files of the association).

¹⁴Interview with Will Harrison, June 6, 1960

¹⁵Report New Mexico State Reorganization Committee, 1952, pp. 35-38.

hospital from the Department of Public Health to the
Department of Public Health. The Department of Public Health
to move.

The new hospital (located at 1000 ...)
an Power Group II; its estimated cost was \$1,000,000.
to believe that this estimate is based on the fact that
1954, Power Group II estimated that a total of \$1,000,000
the estimated hospital from the fact that the estimated cost
III would be \$1,000,000. The Department of Public Health
will be known as Power Group II; its estimated cost was \$1,000,000.
Department of Public Health.

Group V) have raised the question that the ...
of separate departments of Public Health and ...
the best interests of economy and efficiency. The fact
was also suggested by the Department of Public Health
Hoover Commission which said that the Department of Public Health
a merger of the two departments. The merger would be
be known as Division of Public Health and would include
to Power Group I and include the ...
public opinion was raised as to whether ...
merger issue in the Department of Public Health.

The plan for the year ...
...
government ...

¹ ...
New Mexico ...
July 11, 1954 ...
² ...
³ ...
Division of Public Health
1954, pp. 1-10.

consideration, we oppose hasty and ill-considered moves toward consolidation of the health and welfare departments.¹⁶

In addition, the holder of Role A, Power Group I, was an especially strong proponent of the merger of Power Groups I and III. It did not seem entirely propitious to him to be using duplicate IBM machines, printing presses, and stenographic pools.¹⁷

As a direct result of Influence 2, supported by Power Groups I and V, Senate Bill 175, sponsored by Senator Espinosa, et al, was enacted and recorded in the 1955 Statutes of New Mexico, Chapter 116.¹⁸ This bill gave the governor (Figure A) permissive legislation for the merger of the two departments. A date for the merger was set. However, forces opposing the move came to the attention of the governor and on March 20, 1955, the Albuquerque Journal carried his statement that a study would be made before further implementation of the law was pursued.¹⁹ This, then, was a move by Figure A to counteract Influence 2. At this time, Power Group IV, the New Mexico Medical Society, declared itself, through the voice of its president, Role P,

¹⁶ Albuquerque Journal, June 15, 1954.

¹⁷ Interview with Richard Strahlem, Director, Department of Public Welfare, 1954, 1955; June 11, 1960.

¹⁸ 1955 Bill Index (Santa Fe: New Mexico, Legislative Council Service, 1955), p. 79. HB 81, recorded in Chapter 44 of the 1955 Statutes, (Ibid., p. 156) provided special licensing regulations to relieve the professional staff problem at Socorro.

¹⁹ Albuquerque Journal, March 20, 1955.

consideration, the Commission has been directed to
conduct a study of the problem of the
... ..

In addition, the Commission has been directed to
especially during the period of the
I and III, and the Commission has been directed
to make a study of the problem of the
... ..

As a direct result of the Commission's study
Groups I and V, Group I and V, Group I and V,
... ..
Statutes of the Commission, the Commission has
Governor (State)
of the two
However, the Commission has been directed to
the Commission has been directed to
carried out
further implementation of the law and
was a move by
time, Power Group
declared itself, the Commission has been directed

1. Administrative ...

2. Investigation and ...

3. Administrative ...

4. Administrative ...

in favor of Power Group III having control of the tuberculosis hospitals.²⁰ This was either a personal opinion of the holder of Role P, or Power Group IV completely reversed itself in subsequent action.

Meanwhile a Board member, Role B, in Power Group I had heard rumors that conditions at the tuberculosis hospitals were not entirely favorable and recommended that Power Group I study the situation. It was believed that Power Group II would be well-informed on the matter and their cooperation was solicited. Power Group II, Role A, expressed satisfaction with the study proposal and agreed to assist Power Group I with it.²¹

To describe the early action of the New Mexico Trudeau Society, Power Group VI, with respect to this problem, we must return to 1956. This group, a branch of Power Group II, was concerned about the care at the tuberculosis hospitals also. Therefore, decision was made to recommend transfer of control of the hospitals from Power Group I to a new medical board. This resolution, the Trudeau Resolution,²² will be known as Influence 4 in this analysis.

²⁰ Albuquerque Journal, March 20, 1955, p. 18.

²¹ Letter from Robert J. Utzinger to Brian Moynahan, September 15, 1955.

²² Interview with Rodger MacQuigg, January 28, 1960.

in favor of lower group III having the most favorable
 clinical hospital. The results of the clinical studies
 of the other groups, of course, are not comparable with
 those of the group III. The results of the clinical studies
 in favor of lower group III would be well-justified if
 their cooperation was satisfactory. The results of the
 expressed satisfaction with the results of the clinical
 to certain extent. The results of the clinical studies
 to justify the results of the clinical studies.
 The results of the clinical studies, of course, are not
 able, we must return to 1955. The results of the clinical
 lower group III, of course, are not comparable with those
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 recommend further of clinical studies. The results of the
 Group I in a new clinical study. The results of the
 The results of the clinical studies, of course, are not
 analysis.

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Early in 1955 the holder of Role A in Power Group I changed. This was probably directly due to administrative shift because of the recapture of the Figure A role by Power Group VIII. The holder of Role A in Power Group III also changed, but this cannot be attributed to any direct influences of Power Groups VIII or X.

Before concerted follow-up on the maneuvers cited above could occur, a special session of the legislature was called to consider the problems of Power Group I. A special Welfare Investigation Committee was established to study the problems related to Influence 3, as well as other matters outside the scope of this thesis. The interpretation of this Influence by this committee was destined to play a significant part in the Twenty-Third Legislative Session and in the fate of House Bill 133.

Power Group II now moved on the proposed study of the problem. Role A, during a meeting of national members of his power group, made the contacts for securing the services of two men from a western state whose opinions were highly regarded in the matter of tuberculosis care.²³ Visiting from January 8 to January 14, 1956, they reviewed present and potential facilities and made wide contacts during their stay. Their conclusions were, in part:

.....
 5. The Socorro facility is unsuited for the care of acutely ill tuberculosis patients, but might serve as

²³Letters to Daniel W. Zahn and Cedric Northrop from Robert J. Utzinger, October 17, 1955.

Early in 1953 the... I changed... shall become... Group VIII... changed, but this cannot... Finances of River Group... before... above... called to... special... study... matters... of this... a significant... and in the... lower... the... of his... services... were highly... Valuing... present and... during their... 5. The... section (1)...

From Robert A. ...

GENERAL

CONFIDENTIAL

a hospital for those who are chronically ill or as an excellent nursing home.²⁴

6. The institution at Fort Stanton is admirably suited for the care of the more convalescent and ambulatory patients.

7. One of the chief aims of any good tuberculosis program is stability of purpose and personnel. Quite clearly with the present organizational pattern such an aim cannot be attained since the entire structure might well be altered every two years with the election of a new Governor.²⁵

The Zahn-Northrop report, as it came to be known, shall be identified for analysis in this thesis as Influence 5. Its recommendations were (1) A series of five alternate plans for hospitalization, none of which included the Socorro facility; (2) Shift of the tuberculosis hospitalization program from the Department of Public Welfare to the Department of Public Health; (3) Liberalization of financial eligibility standards for hospital care; (4) Expansion of tuberculosis clinic facilities; (5) A mass x-ray survey program; and (6) Compulsory isolation after the tuberculosis control program is functioning well.²⁶ The report was reviewed on March 26, 1956.²⁷ Specific decisions resulting from this meeting are not known to the writer.²⁸

²⁴Cedric Northrop and Daniel Zahn, "Report of the Survey of New Mexico Tuberculosis Facilities," Unpublished Manuscript, January 8 to January 16, 1956 (In New Mexico Department of Public Welfare files), p. 16.

²⁵Ibid., pp. 16-18.

²⁶Ibid., pp. 25-27.

²⁷Letter from Murray Hintz to Rodger MacQuigg, February 28, 1956.

²⁸Many of the proposals, however are a part of the tuberculosis control program of New Mexico, 1960.

FIVE

an excellent example of...

The following are the...

One of the main...

The following report...

identified for analysis...

Recommendations were (1)...

for hospitalization...

facility; (2) that of...

program from the Department...

ment of Public Health...

eligibility standards for hospital...

tuberculosis clinic facilities; (3)...

program; and (4)...

control program for tuberculosis...

reviewed on April 15, 1954...

from this review are...

Survey of the State of Tennessee...

Department of Public Health...

February 2, 1954

the tuberculosis control program...

On April 21, 1956, the Board of Power Group II again recorded its support for a shift of tuberculosis hospital control from Power Group I to Power Group III.²⁹ It seems, however, that few moves were made to create support for this stand outside of Power Group II. For example, the Albuquerque Council of Social Agencies was doing a survey of the legislative programs of its member agencies during this spring of 1956. Of the twenty-seven groups which responded, not one had plans for the support of tuberculosis legislation at that time.³⁰ Among the groups which had not yet taken a definite stand were the Bernalillo County Medical Society, the New Mexico Trudeau Society, and the New Mexico Association of Social Workers.

The Zahn-Northrop Report (Influence 5) was released to the press on May 30, 1956. This information apparently caused little reaction, timed as it was between the primary elections and the political party conventions. Power Groups VIII and X found it unnecessary to take a platform stand on these issues in the 1956 campaign. Rather, truck weights, loss leader laws, and the relative responsibility liens were the focus of this campaign as identified by

²⁹Minutes of the Meeting of the Board of Directors, New Mexico Tuberculosis Association, April 29, 1956 (in the files of the association).

³⁰Legislative Folder, Albuquerque Council of Social Agencies, 1956 (in the files of the council).

Charles DuTant, manager of the Republican campaign.³¹

The basic need for better tuberculosis institutional care continued unresolved. Power Group II again endorsed the desirability of the transfer on July 1, 1956.³² It should be noted that this was the third time such a resolution had been made. It is also pertinent to observe that members of Power Group IV, as well as others, were on the Board of Power Group II. The resignation of a medical officer at Fort Stanton³³ and the publicity that Power Group I desired leniency in medical licensure laws³⁴ were indications of continuing unrest.

In September of 1956, Power Group VI communicated the aforementioned Trudeau Resolution, Influence 4, to Power Group II.³⁵ Although filed in the latter association's records other action on the resolution apparently did not develop at this time.

To clarify further analytical presentation, Table 4 which lists the structures identified thus far is presented.

³¹Telephone conversation with Chartes DuTant, Manager of the New Mexico Republican Party Campaign, 1956, June 7, 1960.

³²Minutes of Board of Directors' Meeting, New Mexico Tuberculosis Association, July 1, 1956 (in the files of the association).

³³Albuquerque Journal, July 21, 1956.

³⁴Albuquerque Tribune, August 13, 1956.

³⁵Minutes of the Legislative committee, New Mexico Tuberculosis Association, January 4, 1957 (in the files of the association).

TABLE 4
POWER GROUPS, ROLES, RIGURES, AND INFLUENCES
IN THE
FATE OF HOUSE BILL 133

(Interim Summary)

POWER GROUPS AND ROLES

<u>Official Agencies</u>	<u>Non-Official Agencies</u>
I - New Mexico Department of Public Welfare Role A - Director Role B - Board Member	II - New Mexico Tuberculosis Association Role A - Executive Director
III - New Mexico Department of Health Role A- Director	IV - New Mexico Medical Society Role P - President
V - New Mexico Department of Finance	VI - New Mexico Trudeau Role P - President
	VIII - New Mexico Democratic Party
	X - New Mexico Republican Party

FIGURES

A - Governor	a,b, - County Chairmen c,d, etc.
--------------	--

INFLUENCES

- 1 - Political patronage in tuberculosis hospitals.
- 2 - Professional personnel shortage in tuberculosis hospitals.
- 3 - Question of merging Departments of Welfare and Health.
- 4 - Trudeau Resolution.
- 5 - Zahn-Northrop Report.

FEDERAL BUREAU OF INVESTIGATION
 DEPARTMENT OF JUSTICE
 WASHINGTON, D. C. 20535

Official Answer

I - New Mexico Department of Health
 of Santa Fe, New Mexico
 Suite 2 - Division
 Suite 2 - Bureau
 Santa Fe, New Mexico

III - New Mexico Department of Health
 of Santa Fe, New Mexico
 Suite 2 - Division
 Suite 2 - Bureau
 Santa Fe, New Mexico

V - New Mexico Department of Health
 of Santa Fe, New Mexico
 Suite 2 - Division
 Suite 2 - Bureau
 Santa Fe, New Mexico

Witness

A - Governor
 Santa Fe, New Mexico

I - Political Section
 Federal Bureau of Investigation
 Washington, D. C. 20535

2 - First National Research Laboratory
 Federal Bureau of Investigation
 Washington, D. C. 20535

3 - Division of Laboratory Services
 Federal Bureau of Investigation
 Washington, D. C. 20535

4 - Federal Bureau of Investigation
 Washington, D. C. 20535

5 - Federal Bureau of Investigation
 Washington, D. C. 20535

UNITED STATES GOVERNMENT
 FEDERAL BUREAU OF INVESTIGATION
 WASHINGTON, D. C. 20535

Meanwhile Power Group II, Role A, was engaged in strategic maneuvers for the drafting and introduction of HB 133 in the Twenty-Third Session of the Legislature. A trip was made to the home of an influential representative, Figure 1_H, who was also a member of the Board of Power Group II, Role B.³⁶ It was agreed that he would request the Legislative Reference Council to draft the bill. This structure is not assigned an analytical power designation because its studied purpose is to remain neutral.³⁷ By December 26, 1956, the bill was not yet drawn but the Council was at work on it.³⁸

Early in December, the Legislative Committee of Power Group IV met to consider its stand on pending legislation. Although the final draft of the bill was not available at this time, the legislative committee took a stand on it.³⁹ This decision was endorsed by the Council of Power Group IV which action was, in part:

We will support every constructive effort made for improvement in the program for care of persons with tuberculosis.

If the program of Tuberculosis is not left in its present location in the Welfare Department we propose:

³⁶ Letter from Robert J. Utzinger to Don Hallam, November 16, 1956.

³⁷ Interview with Clay Buchanan, Director, Legislative Council Service, June 6, 1960.

³⁸ Letter from Robert J. Utzinger to Stanley J. Leland, December 26, 1956.

³⁹ Interview with Guy Rader, Legislative Committee Chairman, New Mexico Medical Society, May 26, 1960.

A - Consideration of the creation of an overall Department of Institutions for the State of New Mexico to include all State operated Institutions and their specific programs which have to do with medical care; or as an alternative:

B - Setting up a separate State Tuberculosis Hospital under its own and separate Board to administer the present, and it is hoped, expanded⁴⁰ program for the care of persons with Tuberculosis.

Meanwhile Power Group II held a legislative committee meeting attended by representatives of Power Groups I and III. This was January 4, 1957 at La Posada Inn in Santa Fe. Power Group III, Role A, discussed HB 133 and SB 33. SB 33 was the proposal for the merger of the Departments of Health and Welfare (expression of Influence 3). He indicated some skepticism regarding the import of both bills.⁴¹ Power Group I, Role B, stated that "jurisdiction over tuberculosis hospitals is definitely foreign to the actual purpose of the welfare department."⁴² The Committee's decision, however, was to back HB 133 as drafted. On January 5, 1957, Power Group II wired Power Group IV of its intent.⁴³

Three days later Power Group II, Role A, communicated to Figure A the basic information about Power Group

⁴⁰ "Resume of Council Action on Pending Legislation," Executive Council of the New Mexico Medical Society, January 20, 1957 (in the files of the society).

⁴¹ Minutes of the Legislative Committee Meeting, New Mexico Tuberculosis Association, January 4, 1957 (in the files of the association).

⁴² Ibid.

⁴³ Copy of telegram from Robert J. Utzinger to the New Mexico Medical Society, January 5, 1957 (in the files of the New Mexico Tuberculosis Association).

A - Consideration of the...
Department of...
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B -...
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meeting attended by...

III. This was...
Power Group III,...

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January 2, 1957,...

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These days...

called to figure...

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Executive Council of the New Mexico...
30, 1957 (in the files of the...)

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New Mexico...
the files of the...

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New Mexico...
of the New Mexico...

II's stand on the issue.⁴⁴ This was acknowledged without comment on January 12, 1957.⁴⁵

Meanwhile, on January 9, 1957, the Twenty-Third Legislature opened with all the ceremony and pageantry which accompanies such an event. The hub-bub and near-pandemonium may be unequaled on the New Mexican scene. Here are ninety-nine men, from all walks of life, trapped in a mesh of hopes and aspirations of the citizens of the state. They bring with them their own hopes, fears, aspirations, and ideas about what should be accomplished. In an incredible sixty days they must live, work, and eat together as the serious, now comic, business of legislation is pursued. The veterans have their connections; the freshmen must form theirs. All is "hail fellow, well met" as each sizes up the groups and re-groupings within which he will be working. There are the leaders, the workers, the boisterous ones, and the quiet. There are conservatives from the south, liberals from the north,⁴⁶ the "barefoot boys,"⁴⁷ and the playboys. All these must be welded, at one time and another into a unity to support an idea. The prodigious

⁴⁴Letter from Robert J. Utzinger to Ed Mechem, January 8, 1957.

⁴⁵Letter from Ed Mechem to Robert J. Utzinger, January 12, 1957.

⁴⁶Interview with Fabian Chavez, Veteran New Mexico Legislator, June 7, 1960.

⁴⁷Interview with Ralph "Sabu" Gallegos, Veteran New Mexico Legislator and Member of the 1959 House Ways and Means Committee, June 7, 1960.

It's stand on the issue. His was a...
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- 46 Letter from... January 6, 1957.
 - 47 Letter from... January 11, 1957.
 - 48 Interview with... January 11, 1957.
 - 49 Interview with... January 11, 1957.
 - 50 New Mexico... and...

talk and social repartee is almost beyond comprehension. "Nearly every night there is something going on. Constantly you are talking about the bill."⁴⁸ "You talk up the other guy's bill, make him think you like it; then maybe he will vote for yours."⁴⁹ It will be recalled that these legislators will be represented in the analytical scheme by Figure 1, 2, 3, etc., and sub-letter H or S to designate house or senate membership.

The power groups were very much a part of this colorful legislative scene. Role-holders in the power groups were busy contacting the legislators, as "friends," interpreting the bill by providing facts about it. Power Groups II and III, Roles A, were especially active and were well known to the legislators.⁵⁰ HB 133 was one among hundreds, and myriads of observers were following the fate of these bills.

Influence 3, in the form of SB 33, was introduced on January 17, 1957. It was referred to the Senate Public Affairs Committee and was returned on January 30, 1957, to be considered by the Senate sitting as a Committee of the Whole.⁵¹ This was the same day that HB 133 was intro-

⁴⁸ Interview with Ed Mead, Lieutenant Governor, 1959-1960, May 31, 1960.

⁴⁹ Interview with Ralph Gallegos, June 7, 1960.

⁵⁰ Ibid.

⁵¹ Bill History of the Twenty-Third Legislative Session (Santa Fe: New Mexico Legislative Council, 1957), p. 8.

talk and social relations in general and the...
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duced by a Representative from Lea County (Figure 2_H) and referred to the House Public and Military Affairs Committee.⁵²

Due to the absence of records regarding hearings, analytical complications arise. It is not possible to record the exact dates and hours of the hearings. With respect to HB 133, it is conceivable that no formal hearing was held in the interval between January 30 and February 6, 1957. It is possible that the lobbying tactics of the factions for and against the measure had supplied the legislators with sufficient data upon which to base a decision. Power Group II, Role A, was engaged in concentrated efforts by telephone, telegram, and letter to have the stand of the legislator's constituents made known to them.⁵³ This was done through contacts of Power Group II's Board members⁵⁴ and through key people in communities as known to Role A or the local tuberculosis association groups.⁵⁵ On February 5, a message to Figure A indicated Power Group II's cognizance of Power Group IV's opposition and solicited his opinion.⁵⁶

⁵²Ibid., p. 101.

⁵³Copies of telegrams and contact lists, New Mexico Tuberculosis Association (in the files of the association.)

⁵⁴Interview with Helen Adams, Member, Board of Directors, New Mexico Tuberculosis Association, June 9, 1960.

⁵⁵Copies of telegrams and contact lists, New Mexico Tuberculosis Association (in the files of the association.)

⁵⁶Letter from Robert J. Utzinger to Ed Mechem, February 5, 1957.

Now follows a series of curious events. On February 5, it was learned that hearings on HB 133 would be postponed until the fate of SB 33 was known.⁵⁷ The next day SB 33 was amended on the floor of the senate. On this same day, February 6, the chairman of the House Public and Military Affairs Committee transmitted HB 133 to the Speaker of the House (Figures 3_H and 4_H) with a DO PASS recommendation.

It seems logical to assume that the major hearing on SB 33 of the Senate sitting as a Committee of the Whole occurred next. According to the account of the witnesses this was a stirring day in the history of this legislative session. The Executive Director of the Welfare Investigating Committee (related to Influence 3) spoke at length regarding the report of the committee which recommended, in part:

Recommendation No. 5. The Department of Public Welfare should be abolished. A Department of Public Assistance should be established by statute.

.....
 Recommendation No. 6. The Department of Public Health should be abolished. A Department of Public Health and Welfare should be established. The enabling act should authorize the new department to perform all duties now undertaken by the Department of Public Health. In addition the new department should administer the following institutions and programs now under the Department of Public Welfare: The Tuberculosis Sani-

⁵⁷Copy of telegrams from Robert J. Utzinger to Craig Jernigan and Ashley Pond, February 5, 1957 (in the files of the New Mexico Tuberculosis Association).

Now follows a series of articles, in the
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His testimony was long and technical. Opponents of the measure spoke briefly and in the legislator's language.⁵⁹ The anomalous separation of public assistance and public service was discussed although one witness saw no incongruity in placing the control of the tuberculosis hospitals in the Department of Public Health.⁶⁰ Another opposite statement was related to the invasion of the private rights of the practicing physician through the expansion of the program of the Department of Public Health.⁶¹ At any rate, on February 10, the Senate, acting as a Committee of the Whole, recommended a DO NOT PASS for the measure.⁶² On February 12, the committee recommendation was adopted, thus sealing the fate of this controversial bill.⁶³

Meanwhile the Chairman of the Legislative Committee of Power Group IV (Role LC) was very busy soliciting the

⁵⁸ Public Assistance and Social Service in New Mexico, Report of the Welfare Investigating Committee (Alamogordo: The Alamogordo Daily News, 1957), p. 97.

⁵⁹ Interview with Helen Ellis, Professor of Sociology, University of New Mexico, May 28, 1960.

⁶⁰ Helen Ellis, "A Critical Look at the Welfare Investigating Report", Unpublished manuscript (in author's files), p. 17.

⁶¹ Interview with Guy Rader, May 26, 1960.

⁶² Bill History of the Twenty-Third Legislature, op. cit., p. 8.

⁶³ Ibid.

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support for its stand from the twenty local units⁶⁴ of the Society. This was done by a memorandum, dated February 7, 1957, sent to legislative committee representatives in each local area requesting contact of local legislators. The memorandum requested the reminder that the "health department should deal with preventive medicine and health education only."⁶⁵ On this date, Power Group II, Role A, again solicited local support and reminded the introducer of the bill (Figure 2_H) of points in support of it. Personal contact was, of course, a constant source for marshalling the groups involved. On this date, February 7, the House voted to accept the DO PASS recommendation of its Public and Military Affairs Committee. This was done through the motion of the Chairman of the Committee (Figure 3_H) and the traditional approbation of committee recommendations.

Meanwhile information regarding the fate of SB 33 apparently had reached the House. In light of this Senate disapproval of the merger proposal (Influence 3), HB 133 seemed destined to a desperate struggle if it were to be adopted. Therefore, the bill was referred again to the House Public and Military Affairs Committee.⁶⁶ The exact strategy

⁶⁴ Interview with Ralph Marshall, Executive Secretary, New Mexico Medical Society, March 25, 1960.

⁶⁵ Memorandum to members of the Legislative Committee, New Mexico Medical Society from Guy Rader, February 7, 1957 (in the files of the New Mexico Tuberculosis Association).

⁶⁶ Bill History of the Twenty-Third Legislative Session, op. cit., p. 101.

for achieving this referral is unknown to the writer. However, it is logical to believe that individual physicians (part of the structure of Power Group IV or VI) could have prompted it through the local channel to the legislators or through the gubernatorial approach to the legislators.

Another, or perhaps the first, public hearing was held on the bill sometime between February 10 and February 15, 1957. At this hearing, three or more physicians (Power Group IV) spoke against the measure on the grounds that Power Group III would now be engaged in the practice of medicine.⁶⁷ Power Group II, Role A spoke for the bill on the grounds that the proposed change would bring better coordination of the tuberculosis control program and would remove the onus of welfare service for recipients of care.⁶⁸

Through all of these proceedings, the legislators' attitudes seemed to be those of listening to the experts. Some expressed the feeling that they would leave health matters to the physicians because these men are better-qualified judges of the issues than they, the legislators, would be. One recalls distinctly that Role A, Power Group III advised him and he was willing to "go along" with such advice.⁶⁹ Another legislator recalled a similar

⁶⁷ Interview with Guy Rader, May 26, 1960.

⁶⁸ Interview with Leah Perkins, President of the New Mexico Tuberculosis Association, 1957, April 1, 1960.

⁶⁹ Interview with J. B. McCoy, Member of House Ways and Means Committee, June 3, 1960.

for achieving this result in relation to the State.
However, it is logical to believe in a limited number
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Another, or perhaps the first, of the reasons
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15, 1957. At this hearing, there were some questions
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Through all of these procedures, the legislative
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contact and that, in his opinion, the sponsors were "well liked" by the legislators.⁷⁰ A Senator expressed the opinion that physicians (Power Group IV and VI) who come to the Legislature to testify are very highly regarded.⁷¹ He attributed this to their position in the community and to the standing of the profession as one of the three learned professions in our society.

Interestingly, in health matters partisan political considerations, to the minds of the legislators, did not seem important as decision was made on the individual issues.⁷² Rather, it was the friendships formed which were significant.⁷³ The experienced legislator can tell how the vote will go before a bill is considered.⁷⁴ Of course, the influence of the Governor (Figure A) was considerable. It was the interpretation of the interviewees that administration bills probably receive preference. Furthermore, these men seemed to feel that the "lungers'" influence in the matter of tuberculosis is negligible today.⁷⁵ The legislators realize that people are sick

⁷⁰ Interview with Oscar Beasley, Member, House Ways and Means Committee, March 25, 1960.

⁷¹ Interview with John F. Rice, Senator and Legal Journalist, April 8, 1960.

⁷² Interview with Ed Yudin, Member, House Public and Military Affairs Committee, 1957, April 4, 1960.

⁷³ Interview with Ed Mead, May 31, 1960.

⁷⁴ Ibid.

⁷⁵ Interview with Armando Larragoite, Member, House Public and Military Affairs Committee, June 7, 1960.

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and are willing to support any reasonable measure to alleviate this.⁷⁶ Thus it would seem that the legislators are guided in decisions regarding health matters, in large measure, by the voices of the medical profession whom they know and respect.

These and an untold number of other factors weighed upon this small group of men in the House Public and Military Affairs Committee as they reconsidered HB 133. The climate for re-endorsing the bill did not seem favorable. On February 15, a DO NOT PASS recommendation was transmitted to the House⁷⁷ and adopted in due time.

Thus HB 133 was killed by committee action. However, the issue was not closed. The spirit of compromise was in the air and the hope of salvaging a part of the goals behind the defeated bill seemed possible. These maneuvers centered around HB 390 which will be discussed in the next chapter.

Before pursuing such discussion, however, it is necessary to take stock of the material just reviewed to determine the "forces in tension" which prevented HB 133's enactment. To assist the reader in visualizing these factors, Table 5 and Figure 2 follow. Table 5, page 58, summarizes the power groups, roles, figures, and influences which had a part in the fate of this bill. Figure 2, page 59, graphically illustrates the alignments of these groups.

⁷⁶ Interview with Fabian Chavez, June 7, 1960.

⁷⁷ Bill History of the Twenty-Third Legislative Session, op. cit., p. 101.

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TABLE 5

POWER GROUPS, ROLES, FIGURES, AND INFLUENCES
IN THE
FATE OF HOUSE BILL 133

POWER GROUPS AND ROLES

Official Agencies

- I - New Mexico Department
of Public Welfare
Role A - Director
Role B - Board
Member

- III - New Mexico Department
of Public Health
Role A - Director

- V - New Mexico Department
of Finance

Non-Official Agencies

- II - New Mexico Tuberculosis
Association
Role A - Executive
Director

- IV - New Mexico Medical
Society
Role P - President
Role LC - Legisla-
Committee Chairman

- VI - New Mexico Trudeau Society

- VIII - New Mexico Democratic
Party

- X - New Mexico Republican
Party

FIGURES

- A - Governor
1_H, 2_H, 3_H,
4_H - Members, House of
Representatives

- a, b, - County Chairmen
c, d,
etc.

INFLUENCES

- 1 - Political patronage in tuberculosis hospitals.
2 - Professional personnel shortage in tuberculosis
hospitals.
3 - Question of merging Departments of Welfare and Health
4 - Trudeau Resolution.
5 - Zahn-Northrop Report.

OFFICIAL LETTERS

TO THE GOVERNOR

AND MEMBERS OF THE HOUSE OF REPRESENTATIVES

- I - New Mexico Department of Public Health
 Halls A - B - C - D - E - F - G - H - I - J - K - L - M - N - O - P - Q - R - S - T - U - V - W - X - Y - Z - AA - AB - AC - AD - AE - AF - AG - AH - AI - AJ - AK - AL - AM - AN - AO - AP - AQ - AR - AS - AT - AU - AV - AW - AX - AY - AZ - BA - BB - BC - BD - BE - BF - BG - BH - BI - BJ - BK - BL - BM - BN - BO - BP - BQ - BR - BS - BT - BU - BV - BW - BX - BY - BZ - CA - CB - CC - CD - CE - CF - CG - CH - CI - CJ - CK - CL - CM - CN - CO - CP - CQ - CR - CS - CT - CU - CV - CW - CX - CY - CZ - DA - DB - DC - DD - DE - DF - DG - DH - DI - DJ - DK - DL - DM - DN - DO - DP - DQ - DR - DS - DT - DU - DV - DW - DX - DY - DZ - EA - EB - EC - ED - EE - EF - EG - EH - EI - EJ - EK - EL - EM - EN - EO - EP - EQ - ER - ES - ET - EU - EV - EW - EX - EY - EZ - FA - FB - FC - FD - FE - FF - FG - FH - FI - FJ - FK - FL - FM - FN - FO - FP - FQ - FR - FS - FT - FU - FV - FW - FX - FY - FZ - GA - GB - GC - GD - GE - GF - GG - GH - GI - GJ - GK - GL - GM - GN - GO - GP - GQ - GR - GS - GT - GU - GV - GW - GX - GY - GZ - HA - HB - HC - HD - HE - HF - HG - HH - HI - HJ - HK - HL - HM - HN - HO - HP - HQ - HR - HS - HT - HU - HV - HW - HX - HY - HZ - IA - IB - IC - ID - IE - IF - IG - IH - II - IJ - IK - IL - IM - IN - IO - IP - IQ - IR - IS - IT - IU - IV - IW - IX - IY - IZ - JA - JB - JC - JD - JE - JF - JG - JH - JI - JJ - JK - JL - JM - JN - JO - JP - JQ - JR - JS - JT - JU - JV - JW - JX - JY - JZ - KA - KB - KC - KD - KE - KF - KG - KH - KI - KJ - KK - KL - KM - KN - KO - KP - KQ - KR - KS - KT - KU - KV - KW - KX - KY - KZ - LA - LB - LC - LD - LE - LF - LG - LH - LI - LJ - LK - LL - LM - LN - LO - LP - LQ - LR - LS - LT - LU - LV - LW - LX - LY - LZ - MA - MB - MC - MD - ME - MF - MG - MH - MI - MJ - MK - ML - MM - MN - MO - MP - MQ - MR - MS - MT - MU - MV - MW - MX - MY - MZ - NA - NB - NC - ND - NE - NF - NG - NH - NI - NJ - NK - NL - NM - NN - NO - NP - NQ - NR - NS - NT - NU - NV - NW - NX - NY - NZ - OA - OB - OC - OD - OE - OF - OG - OH - OI - OJ - OK - OL - OM - ON - OO - OP - OQ - OR - OS - OT - OU - OV - OW - OX - OY - OZ - PA - PB - PC - PD - PE - PF - PG - PH - PI - PJ - PK - PL - PM - PN - PO - PP - PQ - PR - PS - PT - PU - PV - PW - PX - PY - PZ - QA - QB - QC - QD - QE - QF - QG - QH - QI - QJ - QK - QL - QM - QN - QO - QP - QQ - QR - QS - QT - QU - QV - QW - QX - QY - QZ - RA - RB - RC - RD - RE - RF - RG - RH - RI - RJ - RK - RL - RM - RN - RO - RP - RQ - RR - RS - RT - RU - RV - RW - RX - RY - RZ - SA - SB - SC - SD - SE - SF - SG - SH - SI - SJ - SK - SL - SM - SN - SO - SP - SQ - SR - SS - ST - SU - SV - SW - SX - SY - SZ - TA - TB - TC - TD - TE - TF - TG - TH - TI - TJ - TK - TL - TM - TN - TO - TP - TQ - TR - TS - TT - TU - TV - TW - TX - TY - TZ - UA - UB - UC - UD - UE - UF - UG - UH - UI - UJ - UK - UL - UM - UN - UO - UP - UQ - UR - US - UT - UY - UZ - VA - VB - VC - VD - VE - VF - VG - VH - VI - VJ - VK - VL - VM - VN - VO - VP - VQ - VR - VS - VT - VU - VV - VW - VX - VY - VZ - WA - WB - WC - WD - WE - WF - WG - WH - WI - WJ - WK - WL - WM - WN - WO - WP - WQ - WR - WS - WT - WU - WV - WW - WX - WY - WZ - XA - XB - XC - XD - XE - XF - XG - XH - XI - XJ - XK - XL - XM - XN - XO - XP - XQ - XR - XS - XT - XU - XV - XW - XX - XY - XZ - YA - YB - YC - YD - YE - YF - YG - YH - YI - YJ - YK - YL - YM - YN - YO - YP - YQ - YR - YS - YT - YU - YV - YW - YX - YY - YZ - ZA - ZB - ZC - ZD - ZE - ZF - ZG - ZH - ZI - ZJ - ZK - ZL - ZM - ZN - ZO - ZP - ZQ - ZR - ZS - ZT - ZU - ZV - ZW - ZX - ZY - ZZ

RECEIVED

GOVERNOR

MEMBERS OF THE HOUSE OF REPRESENTATIVES

1 - Political programs in industrial development.

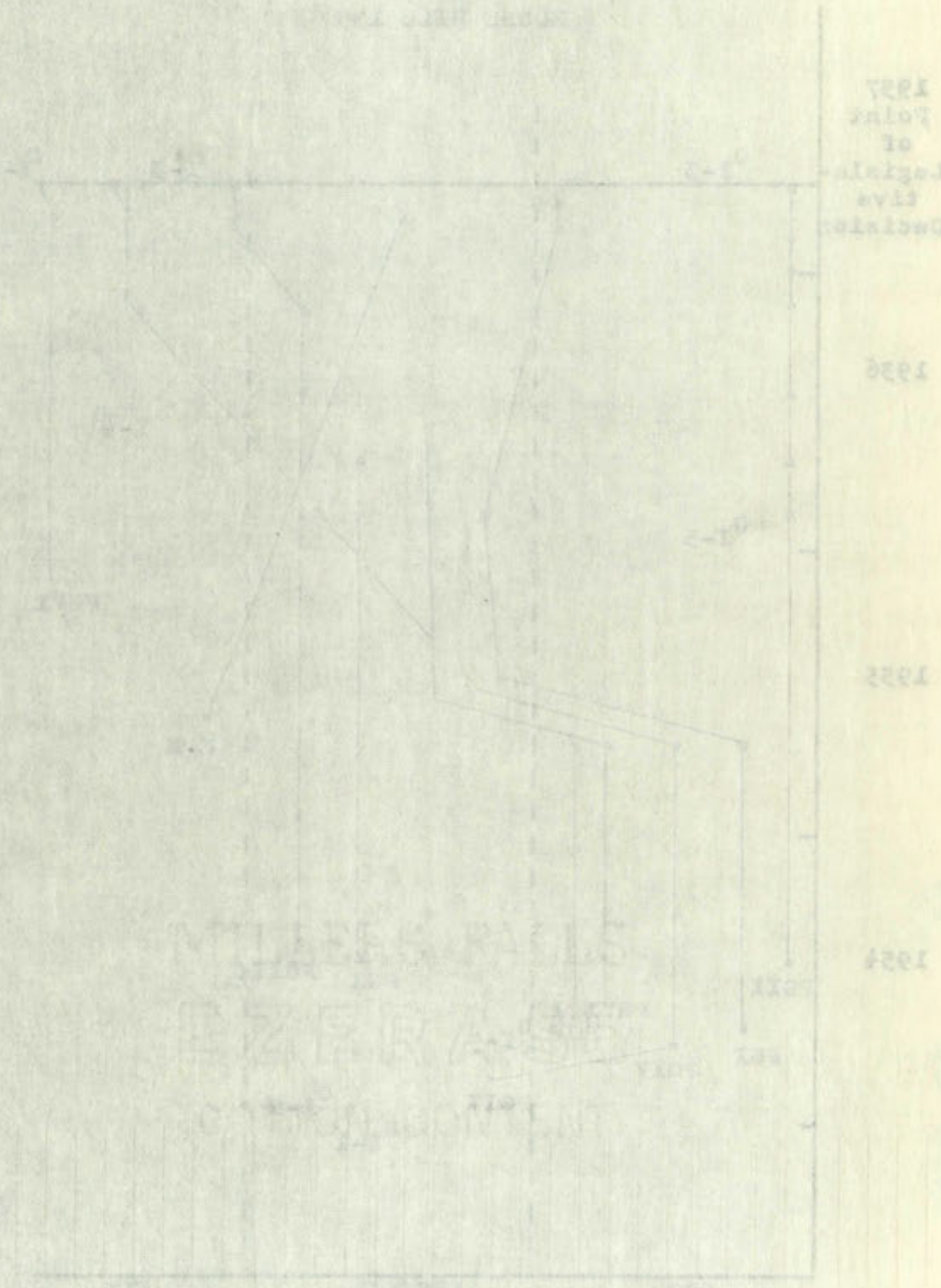
2 - Professional personnel and their activities.

3 - Question of carrying Department of Health and Welfare.

4 - Present conditions.

5 - Administrative matters.

TABLE 1
 SUMMARY OF RESULTS
 FROM THE STUDY



Legend: 1. 1924-1927, 2. 1928-1931, 3. 1932-1935, 4. 1936-1939, 5. 1940-1943, 6. 1944-1947, 7. 1948-1951, 8. 1952-1955, 9. 1956-1959, 10. 1960-1963, 11. 1964-1967, 12. 1968-1971, 13. 1972-1975, 14. 1976-1979, 15. 1980-1983, 16. 1984-1987, 17. 1988-1991, 18. 1992-1995, 19. 1996-1999, 20. 2000-2003, 21. 2004-2007, 22. 2008-2011, 23. 2012-2015, 24. 2016-2019, 25. 2020-2023, 26. 2024-2027, 27. 2028-2031, 28. 2032-2035, 29. 2036-2039, 30. 2040-2043, 31. 2044-2047, 32. 2048-2051, 33. 2052-2055, 34. 2056-2059, 35. 2060-2063, 36. 2064-2067, 37. 2068-2071, 38. 2072-2075, 39. 2076-2079, 40. 2080-2083, 41. 2084-2087, 42. 2088-2091, 43. 2092-2095, 44. 2096-2099, 45. 2100-2103, 46. 2104-2107, 47. 2108-2111, 48. 2112-2115, 49. 2116-2119, 50. 2120-2123, 51. 2124-2127, 52. 2128-2131, 53. 2132-2135, 54. 2136-2139, 55. 2140-2143, 56. 2144-2147, 57. 2148-2151, 58. 2152-2155, 59. 2156-2159, 60. 2160-2163, 61. 2164-2167, 62. 2168-2171, 63. 2172-2175, 64. 2176-2179, 65. 2180-2183, 66. 2184-2187, 67. 2188-2191, 68. 2192-2195, 69. 2196-2199, 70. 2200-2203, 71. 2204-2207, 72. 2208-2211, 73. 2212-2215, 74. 2216-2219, 75. 2220-2223, 76. 2224-2227, 77. 2228-2231, 78. 2232-2235, 79. 2236-2239, 80. 2240-2243, 81. 2244-2247, 82. 2248-2251, 83. 2252-2255, 84. 2256-2259, 85. 2260-2263, 86. 2264-2267, 87. 2268-2271, 88. 2272-2275, 89. 2276-2279, 90. 2280-2283, 91. 2284-2287, 92. 2288-2291, 93. 2292-2295, 94. 2296-2299, 95. 2300-2303, 96. 2304-2307, 97. 2308-2311, 98. 2312-2315, 99. 2316-2319, 100. 2320-2323, 101. 2324-2327, 102. 2328-2331, 103. 2332-2335, 104. 2336-2339, 105. 2340-2343, 106. 2344-2347, 107. 2348-2351, 108. 2352-2355, 109. 2356-2359, 110. 2360-2363, 111. 2364-2367, 112. 2368-2371, 113. 2372-2375, 114. 2376-2379, 115. 2380-2383, 116. 2384-2387, 117. 2388-2391, 118. 2392-2395, 119. 2396-2399, 120. 2400-2403, 121. 2404-2407, 122. 2408-2411, 123. 2412-2415, 124. 2416-2419, 125. 2420-2423, 126. 2424-2427, 127. 2428-2431, 128. 2432-2435, 129. 2436-2439, 130. 2440-2443, 131. 2444-2447, 132. 2448-2451, 133. 2452-2455, 134. 2456-2459, 135. 2460-2463, 136. 2464-2467, 137. 2468-2471, 138. 2472-2475, 139. 2476-2479, 140. 2480-2483, 141. 2484-2487, 142. 2488-2491, 143. 2492-2495, 144. 2496-2499, 145. 2500-2503, 146. 2504-2507, 147. 2508-2511, 148. 2512-2515, 149. 2516-2519, 150. 2520-2523, 151. 2524-2527, 152. 2528-2531, 153. 2532-2535, 154. 2536-2539, 155. 2540-2543, 156. 2544-2547, 157. 2548-2551, 158. 2552-2555, 159. 2556-2559, 160. 2560-2563, 161. 2564-2567, 162. 2568-2571, 163. 2572-2575, 164. 2576-2579, 165. 2580-2583, 166. 2584-2587, 167. 2588-2591, 168. 2592-2595, 169. 2596-2599, 170. 2600-2603, 171. 2604-2607, 172. 2608-2611, 173. 2612-2615, 174. 2616-2619, 175. 2620-2623, 176. 2624-2627, 177. 2628-2631, 178. 2632-2635, 179. 2636-2639, 180. 2640-2643, 181. 2644-2647, 182. 2648-2651, 183. 2652-2655, 184. 2656-2659, 185. 2660-2663, 186. 2664-2667, 187. 2668-2671, 188. 2672-2675, 189. 2676-2679, 190. 2680-2683, 191. 2684-2687, 192. 2688-2691, 193. 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4924-4927, 752. 4928-4931, 753. 4932-4935, 754. 4936-4939, 755. 4940-4943, 756. 4944-4947, 757. 4948-4951, 758. 4952-4955, 759. 495

It will be noticed that this graph, a power model, illustrates the action through time taken by the power groups discussed in this chapter. Their action is measured with respect to their stands on the issue at a given point in time. Some effort was made to record intensity based on interviewer value judgements. This was done by placing the charted action to the far left of neutral for greatest support and to the far right of neutral for greatest opposition to the measure. Each recorded circle in the action lines is a record of an event discussed in the chapter.

Early in 1954, Influence 1 and Influence 2 were noted. These are recorded in the neutral column, together with Influence 3 which also developed in 1954. The latter Influence is placed near Power Group V which gave impetus to the strength of this factor. Influence 3 is seen again in February of 1957. Here its expression in SB 33 could have been instrumental in the move of Power Group III to the opposition. Influence 4 is seen in mid-1956 when it was first adopted by Power Group VI and remained far to the right as an opposition factor throughout the time span analysed. Influence 2, on the other hand, came into existence in January, 1956, and continued to exert moderate to strong force in favor of HB 133. All influences discussed in this paragraph may be more fully identified by referring to Table 5, page 58.

It is interesting to find five of the nine power groups on record as favoring HB 133 in the spring of 1955.

It will be noticed that the...
 illustrated the action...
 groups discussed in...
 with respect to their...
 in time. Some...
 interview...
 charged action...
 support and to the...
 tion to the...
 lines in a...
 early in 1937...
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 influence in...
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Indeed, it will be recalled, a merger bill was written into law at that time. Note that Figure A stood in the opposition column in 1955. His decision to study the move before implementing this law certainly could have brought some of these groups to their subsequent neutral stand. Power Group III also stood quite close to opposition, although neutral, according to the facts of the study.

At the time of the Zahn-Northrop Report (Influence 5), we find all power groups in the neutral range, except Power Groups II and VI. At about this time Power Groups VIII and X ceased to exert influence as they turned to other matters. Power Group II maintained its strong stand for the measure despite the Trudeau Resolution (Influence 4). However, this Influence could conceivably have brought Power Groups III and IV to opposition. With the move of these latter groups, HB 133 was doomed to defeat.

It is interesting to observe that the legislator's role, with respect to this piece of legislation, was unusually passive. They seemed to wait for the power structure to form and swung their support to the area where the most power was.

It was very evident to the writer that personality characteristics of the key role-holders was exceedingly important. Even in reality, these power groupings are abstractions and can be understood only in terms of these persons. With few exceptions the personality of the action

Indeed, it will be recalled, a number of these groups were
 formed at that time. Their participation in the
 flow column in 1955. His attention is drawn to the
 implementing this law certainly, and the fact that
 these groups do their respective social work. Every group
 III also stood side along to support, although usually,
 according to the facts of the case.

At the time of the 1955-1956
 2) we find all these groups in the social structure
 Power Groups IV and V. It is noted that groups IV and V
 VIII and X seemed to have been formed in the
 other nature. Every group II, III, IV, V, VI, VII, VIII, IX, X
 for the measure during the period 1955-1956.
 3) However, this 1955-1956 was a very busy period
 Power Groups III and IV in addition. VII and VIII
 these latter groups, III and IV are noted as well.
 It is interesting to observe that the
 role, with regard to the place of the groups, and the
 usually positive. They seem to be the power groups
 sure to form and they seem to be the most
 most power was.

It was very evident to me when I was
 characterization of the social structure and especially
 important. Even in 1955, when the
 situation and the social structure of the
 persons. With the exception of the social

THE END

Roles identified for each power group, i.e., Power Group II, Role A; Power Group IV, Role LC; and Power Group VI, Role P; etc., was the motivating force of each group. These eight to ten individuals controlled the fate of the legislation. Such power was exerted in the name of the Power Group but was possible because of the prestige and status accorded the members within the group. However, it was the key role-holder who gave impetus to whatever moves were made by the Power Groups. It is the opinion of the writer that without the cohesion provided by these key persons, the entire structure related to HB 133 would have disintegrated. It is startling to realize the power of a few role-holders who have a modicum of skill in the processes of government.

Let us turn our attention to the second bill, HB 390. Its analysis shall be undertaken to facilitate identification of some of its power structures. This should, in turn, provide bases for comparisons within the limits of the study.

CHAPTER III

HOUSE BILL 390

With the collapse of the strategy used with respect to HB 133, the proponents of a change in tuberculosis hospitals control had to work rapidly if legislation were to be enacted in the twenty-third session. Such an outcome for HB 133 was not entirely unexpected because the portentous events discussed in Chapter II were well known to the major power groups involved. Creation of a new power structure from the parts of the demolished one was necessary. With the knowledge of Power Group IV's stand for an " . . . Overall Department of Institutions of the State of New Mexico . . . " or alternatively " . . . a separate State Tuberculosis Hospital under its own and separate Board, . . ."¹ and Power Group VI's stand for an " . . . independent Department of Hospitals . . . " with a " . . . seven-man Medical Supervisory Board,"² Power Group II, Role A went to work. In addition, Power Group II's desire to shift control from the Department of Public Welfare at almost any

¹Resume of Council Action," New Mexico Medical Society, January 20, 1957, op. cit.

²Copy of the Trudeau Resolution, New Mexico Trudeau Society, September 22, 1956 (in the files of the society).

CHAPTER II

THE CASE

With the passage of time it became known that the
 to HB 133, the purpose of a certain investigation was
 this control was not really a technical one but
 enacted in the twenty-third section. There is evidence
 HB 133 was not entirely unopposed because the
 events discussed in Chapter II were well known to the
 power groups involved. In view of a few years
 from the point of the beginning of the investigation,
 the knowledge of power groups in the United States
 Overall Department of Investigation of the United States
 Mexico . . . "originally" . . . a very important
 Tuberculosis Hospital and the other hospitals
 . . . "I and Power Group" . . . "and Power Group"
 dent Department of Hospitals . . . "I and Power Group"
 was Medical Director, "Power Group" . . . "I and Power Group"
 went to work. In addition, Power Group II's desire to
 control from the Department of Health and Welfare . . .

¹Review of Social Science, New York, 1937.
 Society, January 1, 1937, p. 112.
²Copy of the original (revised) and revised
 Society, September 1, 1937 (in the original in 1937).

MILLERS FALLS
 EVERETT

cost, Power Group I's desire for improvement, however it might develop;³ and Power Group III's skepticism about control in its department served as raw material for the new structure.

At the hearing on HB 133, held on February 13, 1957,⁴ it was apparently strongly indicated that, though all power groups could not support HB 133, they did wish to support some type of compromise measure. Such a bill, however, was not yet drafted. Worse than this, the forty-fifth day of the session was very near (being February 22), after which introduction of any measure would be almost impossible.⁵ Therefore, either at the time of this hearing or upon subsequent informal contacts, it was agreed that a new proposal would be sponsored by the House Public and Military Affairs Committee.⁶ Because of the nature of the interview sample used for this study, it was not possible to establish the exact technique used for gaining legislative committee support except in terms suggested above.

The problem was to get a draft of a bill which would meet the desires of the power groups sufficiently well to engender their support. Because much of the opposition power with respect to HB 133 came from Power Group IV, the

³Interview with Murray Hintz, June 7, 1960.

⁴Letter from Robert J. Utzinger to Myrtle Greenfield, February 14, 1957.

⁵Interview with John F. Rice, April 8, 1960.

⁶Interview with Robert J. Utzinger, June 8, 1960.

15-575-15
COTTON CONTENT

cost, lower than the average for commercial, because of
light delivery; and lower than the average for
two in the department because of the special low
arrangements.

At the hearing on H.R. 1111, held on January 17, 1937,
it was repeatedly strongly urged by the committee
groups could not support H.R. 1111, they did want to support
some type of compensating measure. Such a bill, however, was
not yet drafted. Some time later, the committee had
the session was very busy, and the committee was
introduction of any measure which would be
Therefore, since at the time of their hearing on H.R. 1111
plant internal conditions, it was agreed that the
would be sponsored by the House Finance and Taxation
Committee. Because of the nature of the committee's
used for this study, it was not possible to
exact technical data for the legislative committee
support except in terms suggested above.

The problem was to get a bill which
would meet the demand of the power groups and which
to organize their efforts. Because of the
power with reference to H.R. 1111, some time later

¹ Interview with Harry Hines, March 1, 1936.
² Letter from Senator J. Chandler to the committee,
February 12, 1937.
³ Interview with John J. Case, March 10, 1937.
⁴ Interview with John J. Case, March 10, 1937.

strategy of ensuring their support through utilization of their draft of the bill was used. Therefore, their attorney, Role C, with some interpretive assistance from Role LC, Power Group IV and Role A, Power Group II⁷ wrote HB 390. It provided for a five-man board, to be appointed by the Governor and known as the New Mexico Tuberculosis Hospitals Board with the powers to control these institutions. It is interesting to observe the device of an executive board being used to solve the problem. This was in keeping with the uniform pattern used in the state for having individual hospitals controlled by individual boards. This matter was discussed with enthusiasm by one interviewee with the comment that "people love to be on boards."⁸ It had been her experience that these boards operate with "uniformly high attendance with high calibre work and much interest."⁹ At any rate, the work of drafting the bill was accomplished with incredible speed, when it is considered that months of activity often go into this particular step in the legislative process. Note well the circumstances surrounding the draft of this bill because herein lies background for SB 218 to be discussed in Chapter IV.

On February 21, 1957, just eight days later, the

⁷Interview with Robert J. Utzinger, March 18, 1960.

⁸Interview with Isabella Leland, Member, Board of Directors, New Mexico Tuberculosis Association, June 8, 1960.

⁹Ibid.

WILLIAM
EXHIBIT

strategy of...
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governor...
board...
interesting...
being used...
the uniform...
hospitals...
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to be...
On...

Interview with...
Interview with...
Director,...

bill, HB 390, was introduced on the floor of the House and referred to the House Appropriations and Finance Committee. It contained a provision for appropriation of two and one-half million dollars for the biennium¹⁰ and therefore, would logically have to be considered by this committee. It is interesting to note that this bill took its place among eighteen other measures awaiting consideration by this committee.¹¹ This, coupled with the closing date of the legislative session being just two weeks away, expresses two small sectors of the pressures experienced by the legislators in the brief sixty-day session.

On the day the bill was introduced, Power Group II, Role A wired Power Group IV, Role P informing him that the bill had been introduced and that a hearing was scheduled for February 27.¹² The telegram also stated that the Measure could win with the support of Power Group VI and the local organizations of Power Groups II and IV. Follow-up material related to action in response to this communication was not available for review. However, it seems logical to assume that less activity developed with respect to this bill than to that of HB 133. Such a theory can be predicated on the fact that sources of support for it were already known to the legislators.

¹⁰For provisions of this bill, see Appendix C.

¹¹"Bill Locator, February 25, 1957," Legislative Bulletin Series (Santa Fe: Taxpayers' Association of New Mexico), 1957, pp. 139-143.

¹²Copy of telegram from Robert J. Utzinger to Stuart W. Adler, February 21, 1957.

bill, H.R. 300, was introduced in the House on July 1, 1930, and referred to the House Committee on Education and Labor. It contained a provision for the establishment of a Federal Board of Education, to be organized on July 1, 1931, and to have a budget of \$10,000,000. The bill was passed by the House on July 1, 1930, and sent to the Senate. The Senate Committee on Education and Labor reported the bill on July 1, 1930, and the Senate passed it on July 1, 1930. The bill was signed by President Hoover on July 1, 1930.

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Notation about Power Group IV's stand does appear in a memorandum to members of the Legislative Committee sent in an effort to bring you up to date as to the status of Bills in the New Mexico State Legislature that the New Mexico Medical Society has been interested in.¹³

This meant that there was some contact in the local areas because this committee has representatives from each of the local units on it.¹⁴ It is interesting to note that effort was not made here to reach the general membership in an organized way. Dependence was placed upon representative contact. This is observed not only in this power group but in the others also, with a few exceptions.

Power Group II has an official organ known as the "Friday Letter," a weekly mimeographed sheet, with a full member distribution. This publication contained pertinent information about the bill. Power Group III has a weekly publication, also, known as the "Communicable Disease Summary." The summary of the incidence of contagious diseases appears on one side of this one-page mimeographed bulletin. Up-to-date public health information appears on the other. This publication has circulation to all constituent parts of the Department of Public Health and to any interested professional or lay person upon request.

¹³Memorandum from Guy Rader to Members of the Legislative Committee, New Mexico Medical Society, February 25, 1957 (in the files of the society).

¹⁴Interview with Guy Rader, May 26, 1960.

in a memorandum to members of the ...

in an effort to ...

of this ...

was ...

This ...

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"Friday ...

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bulletin ...

on the other ...

attendant ...

any interested ...

¹³ ...

¹⁴ ...

On March 2, the latter bulletin featured a "Legislative Summary" which contained a complete record of HB 390's journey through both house of the legislature.¹⁵ This legislative summary was apparently a new feature for this publication and was introduced with the statement:

Starting with this issue, the Weekly Public Health Bulletin will present summaries of legislation having some relation to public health, which has been introduced for consideration by the State Legislature in Santa Fe. This summary is to supply information on current legislation and does not imply either approval or disapproval of any particular legislation by the Board of Public Health¹⁶ or the New Mexico Department of Public Health.

This indicates that special caution was taken to report the legislative summary exclusive of stand of Power Group III on the issues.

This brief review of three examples of communications used by Power Groups II, III, and IV indicates that these official publications play an appreciable part in building local support for the organizational stand. The "Friday Letter" is probably the most effective because it deals with legislative matters throughout the year. However, cohesion within voluntary health organizations, both professional and promotional, is limited. This means much of their action occurs through the influence of a few key role-holders.

¹⁵"Communicable Disease Summary," (Santa Fe: Department of Public Health), IV (March 2, 1957).

¹⁶Ibid., IV (January 19, 1957).

In March, the House was reintroduced a House
 Inactive Summary, which contained a complete listing of the
 journey through the House of the legislation.
 Inactive Summary was an attempt to provide a complete
 publication and was intended to be published.

Starting with this issue, the House will be
Subject will report summary of legislation
 having been referred to committee. The House
 been introduced for consideration in the House
 legislation in House. The House will be
 information on current legislation and the
 imply either original legislation or
 other legislation in the House of Representatives
 or the New Mexico Department of the House.

This indicates that the House will be
 legislative summary. The House will be
 on the House.

This brief review of the House of Representatives
 items used by House of Representatives, House of
 these official publications and the House of
 building local support for a legislative and
 "Right House" is probably the most important
 basis with legislative workers to support the House.
 coalition which voluntarily help in organization, both
 professional and professional, in House. The House
 of their action seems to be the House of Representatives
 role-players.

¹⁵Communications Division Summary, House of
 Department of Legislative Services, House of Representatives,
 1975, 17 January 1975.

The hearings on HB 390 were apparently uneventful. None of the interviewees recalled anything particularly noteworthy about the hearings. No vocal opponents of the measure were present. Power Group II performed the greater part of the prodigious number of contacts which were needed.¹⁷ On March 2 (seven days before the close of the session), a roll call vote of 49-0¹⁸ was recorded in the House. It is noted that sixteen or 24 per cent of the legislators were not present when the vote was taken.¹⁹ This indicates, among other things, that legislative decisions are made with a majority of those present, which, in pure theory, at least, dilutes the representative quality of the legislative body. With the demands upon a legislator's time, which includes sitting in committee hearings, studying bills, and seeking information about the measures being considered, it is easy to understand why every member is not present when a vote is taken.

HB 390 proceeded to the Senate and had a DO PASS recommendation from the Senate Finance Committee by March 4.²⁰ This action came none too soon, at that. The session was drawing to a close. On this, the next to the last day,

¹⁷ Interview with Robert J. Utzinger, June 8, 1960.

¹⁸ Bill History, Twenty-Third Legislative Session (Santa Fe: Legislative Council Service), 1957, p. 139.

¹⁹ HB 390 Folder (in Legislative Council Files for the 1957 session).

²⁰ Bill History, Twenty-Third Legislative Session, op. cit.

The hearings on H.R. 250 were especially noteworthy. None of the intervenors called any witnesses. It is noteworthy about the hearings that the intervenors' measures were passed. It is noted that sixteen or 20 percent of the intervenors were not present when the vote was taken. It is noted that other things, that legislative measures were made with a majority of those present, and that the intervenors' measures were passed. With the hearings on H.R. 250, the intervenors' measures included sitting in committee hearings, a hearing before the committee and seeking information about the committee's actions. It is easy to understand why they should do so, when a vote is taken.

H.R. 250 proceeded to the Senate and was passed by recommendation from the Senate Finance Committee. This action came under the House's jurisdiction. On this, the House is drawing to a close.

-
- 17 Interview with Robert J. ...
 - 18 H.R. 250 ...
 - 19 H.R. 250 ...
 - 20 H.R. 250 ...
- op. cit.

action was taken on 60²¹ bills in both houses, not to mention innumerable bill introductions, referrals, committee recommendations and the like which had to be considered. The legislative log-jam was certainly the setting for the passage of this bill. Sometimes the log-jam is used as a tactical weapon, but this does not appear to have been the case with HB 390. As a reflection of the grim hours and the human way to relieve tension, note is taken of HM 20, memorializing a legislator as the Comma Hunter of the Session.²²

The bill proceeded to the Governor for signature which was duly affixed on March 29. The Governor, too, was faced with the log-jam. However, the imperatives rooted in the need for this bill seem to have been in its favor for gubernatorial signature.²³ It is believed that informal contacts with Figure A from members of Power Groups IV and VI could also have provided him with information about the bill. Power Group II apparently did not communicate with him again since principles in favor of HB 390 were inherent in material presented to him with respect to HB 135.

To provided basis for further analysis, Table 6 and Figure 3 are presented which deal with the power groups and alignments involved in the enactment of HB 390.

²¹"Legislative Bulletin #39," (Santa Fe: New Mexico Taxpayer's Association), March 7-9, 1957, p. 149-153.

²²Ibid., p. 151.

²³Interview with Will Harrison, June 6, 1960.

action was taken on 21 October 1954, and the
mention immediate call for action, and the
recommendations and the like which are to be made
The legislative program was outlined in a report
passage of this bill. Some of the points are
radical way, but this does not appear to have been the
case with HR 300. In a review of the bill in the
human way to relieve conditions, with a view to
normalizing a legislative program of the Congress.
The bill proceeded in the manner for which
which was duly taken on 21 October 1954. The
acted with the program. However, the program
in the need for the bill was to have been
for gubernatorial election. The bill was
contacts with the program. The bill was
VI could also have been used in the program
bill. Power Group II apparently had a
him again since mentioned in review of the bill
in material presented to him with respect to
To provide data for further analysis, the
and figure 2 are presented which deal with the
and alignments involved in the program.

²¹ Legislative Committee on Education and Labor, House Report 1000, 80th Congress, 2d Session, July 1948.
Taxpayer's Association, March 1954, p. 10.
²² Id., p. 11.
²³ Interview with Bill Harkin, June 1954.

TABLE 2

POWER GROUPS, NAMES, POSITIONS, AND DATES OF FORMATION

Official groups

- I - New Mexico Department of Public Health
Role A - Director
- III - New Mexico Department of Social Security
Role A - Director

Non-official groups

- II - New Mexico Tourist Bureau
Role A - Executive Director
- IV - New Mexico Medical Society
Role B - President
- Role C - Legislative Committee Chairman
- Role D - Attorney
- VI - New Mexico Trade Association
Role E - President
- VIII - New Mexico Democratic Party
- X - New Mexico Republican Party

TABLE 3

A - Governor

1. H, 2. H, 3. H, 4. H - Members, Dates

1. H, 2. H, 3. H, 4. H - Members, Dates

INTRODUCTION

1. Political movements in American history.
 2. Structure of government in American history.
 3. Question of marital status and family relations.
 4. Trade union activities.
 5. Labor-Management aspects.
- *Data for Table 2 and Table 3 are given in the following table.

FIGURE 3
POWER STRUCTURE ALIGNMENTS
FOR
HOUSE BILL 390

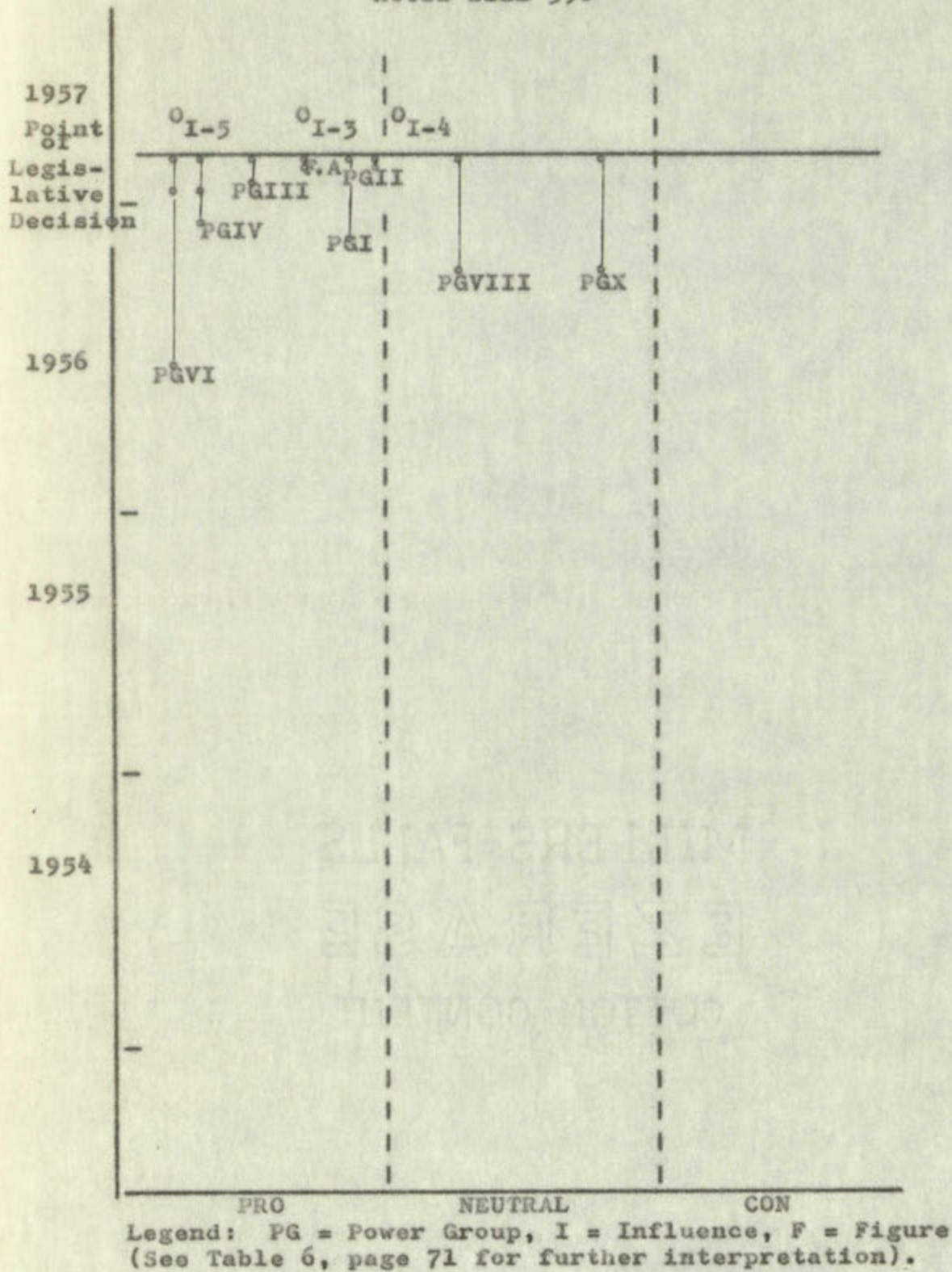
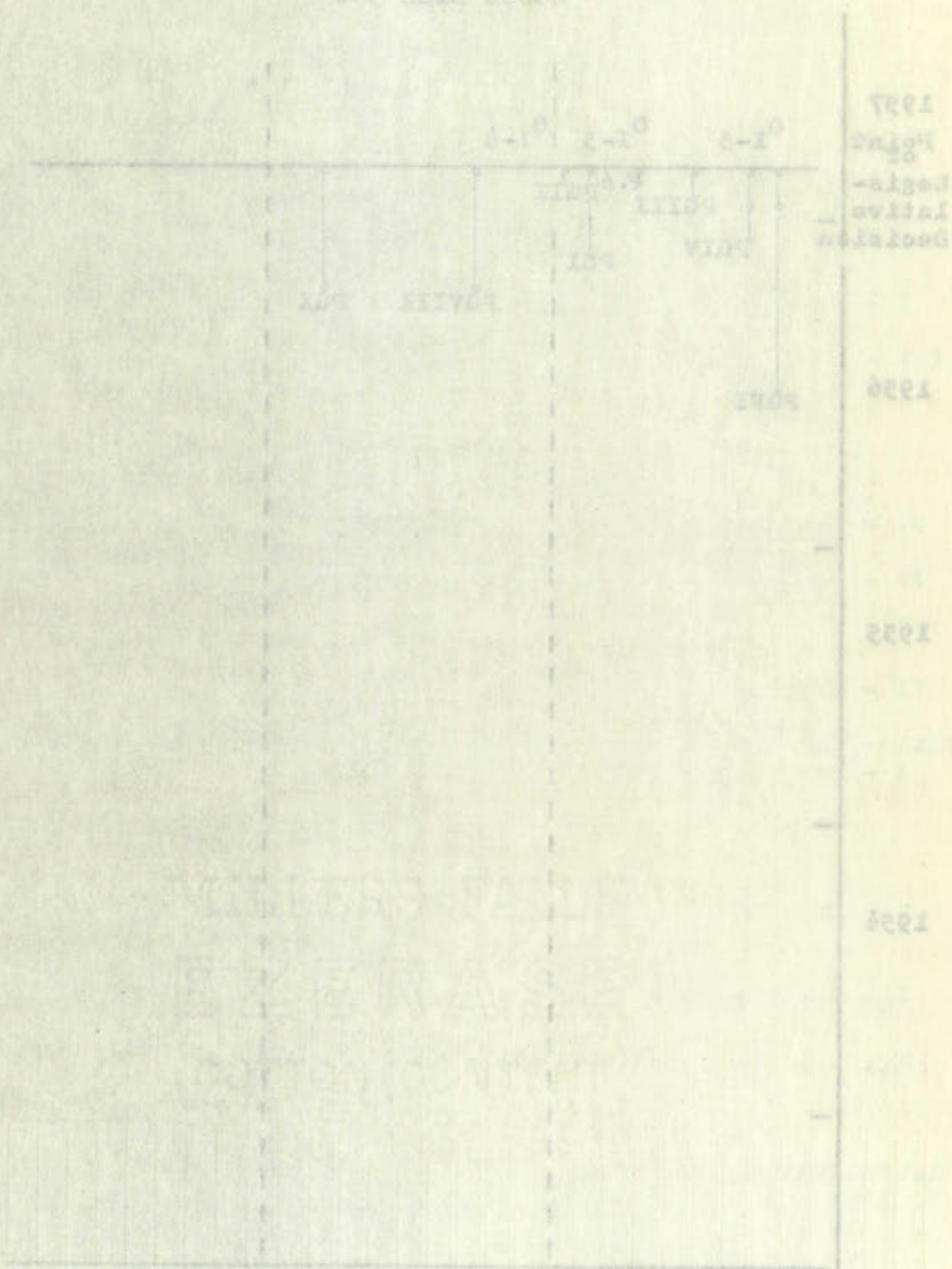


FIGURE 2

LOWER STRUCTURE ELEMENTS
1930
WHITE BELL 1930



Legend: 1937 = Lower Group, 1 = limestone, 2 = sandstone
(See Table 6, page 11 for terms & abbreviations)

Figure 3 represents the structure designed upon the remnants of the power alignments created with respect to HB 133. Therefore, reference to Figure 2, page 59, will provide long-range background maneuvers of the power groups if desired by the reader. It will be noted that the longest standing support for HB 390 came from Power Group VI. This is interesting, indeed, because the Trudeau Resolution, Influence 4, was in direct opposition to HB 133 but not in direct favor of a separate board for tuberculosis hospitals only. The provisions of the resolution were, in part:

Be it resolved that the New Mexico Trudeau Society strongly recommends that institutional care of patients other than the senile, insane, and mentally deficient, be placed under jurisdiction of an independent Department of Hospitals, with a budget and staff distinct from the Department of Public Welfare.

The Society recommends that a seven-man Medical Supervisory Board analagous to a Board of Regents be appointed by the Governor on a staggered basis and to serve without profit for three-year terms.²⁴

HB 390, then was a compromise for the group.

Power Group IV's support for the measure was officially initiated by the Council action on January 20. Reference to this action (see pages 47 and 48) reveals that here also, the tenets of the bill were not the first choice of the power group. In fact, they are on record as favoring a Department of Institutions as a long-range goal.²⁵ Compromise was apparently undertaken because it seemed a

²⁴Copy of the Trudeau Resolution, New Mexico Trudeau Society, September 22, 1956 (in the files of the society).

²⁵Interview with Guy Rader, May 26, 1960.

Figure 2 represents the witness statement which
the remainder of the power plant is treated with respect
to HS 122. Therefore, reference to Figure 1, page 27, will
provide long-range background knowledge of the power group
if desired by the reader. It will be noted that the long-
standing support for HS 290 came from Power Group II. This
is interesting, indeed, because the Trudeau Resolution,
intention 1, was in direct opposition to HS 122 and the
direct favor of a separate board for tuberculous hospitals
only. The provisions of the resolution were, in fact,

As it received that the New Mexico Tuberculosis Society
strongly recommends that institutional care of patients
other than the sanitariums, hospitals, and mental hospitals,
be placed under jurisdiction of an independent depart-
ment of hospitals, with a budget and staff distinct
from the Department of Public Welfare.
The Society recommends that a seven-man medical super-
visory board consisting of a board of patients be appointed
by the Governor on a staggered basis and to serve three-
out periods for three-year terms.

HS 290, then was a compromise for the group.
Power Group IV's support for the measure was
officially initiated by the Council action on January 20.
Reference to this action (see pages 47 and 48) reveals that
here also, the tenets of the bill were not the first choice
of the power group. In fact, they are on record as favoring
a Department of Institutions as a long-range goal.
Compromise was apparently undertaken because it seemed a

²⁴ Copy of the Trudeau Resolution, New Mexico
Tuberculosis Society, September 12, 1930 in the files of the
Society.
²⁵ Interview with Guy Fisher, May 20, 1950.

first step in the direction of their long-range planning.

Power Group III was a proponent of the measure, also. The current pattern for tuberculosis control in New Mexico is one of Power Group III participation in case-finding and follow-up. Treatment rests upon general practitioner care of his own patients, and his participation in public health clinics in the local area. This means that the control program is dependent upon the services of the private physician, who often donates long hours of his time or receives a token stipend. Therefore, it is reasonable to find Power Group III in support of a compromise measure underwritten by Power Group IV. Antagonism of this major source of influence and service would be suicidal for a program developing in an economically limited state.

That there is conflict of philosophy between Power Groups II and III on the one hand, and Power Groups IV and VI on the other, is not open to question. The reason for this was succinctly expressed by one interviewee's use of the metaphor "why cats fight dogs."²⁶ However, countless examples can be cited of cats and dogs who eventually live together without growl and s-f-t-t!

We find Figure A, the Governor, in favor of this measure, also, for reasons previously mentioned. His stand was apparently based upon his administrative philo-

²⁶ Interview with Leah Perkins, April 1, 1960.

first step in the discussion of their findings and findings.
Lower Group III was a group of the general

also. The current position in the laboratory is in
New Mexico in one of Lower Group III. The laboratory is now
finding and following. The experiment is in upper general group
further care of his own findings, and this paper is not for
public health officials in the laboratory. The laboratory has
the control program as described upon the results of the
private physician, and also detailed data on the
time or receiver's code and hand. The laboratory is now
responsible to find Lower Group III in the region of a group
also means identification by Lower Group III. The laboratory
of this major source of information and research is
avoided for a general level of information and research is
state.

That there is conflict of information between Lower
Group II and III on the one hand, and Lower Group I
and VI on the other, is not upon the laboratory. The reason
for this was actually explained by the laboratory and
use of the metaphor "the laboratory" is not for the
countries examples can be found in the laboratory. The
eventually give the laboratory and the laboratory
we find that the laboratory is not for the
messengers, also, for reasons that are not for the
stand was explained by the laboratory and the laboratory

sophy of trusting his advisors.²⁷ His role as titular head of Power Group X did not seem to be involved at this time.

Power Group I also favored the measure. This became known in January although the stand was for release of control of the tuberculosis hospitals without specification of what new control might be. Powerful figures in the Senate (1_S, 2_S, and 3_S) contacted Power Group I, Role A when the bill was before the Senate. They were not sure about the proposal at that time and relied upon the advice of this role-holder whom they respected.²⁸ Therefore, the move of this one power group, actually Role A within the power group, could have defeated the measure if its stand had been unfavorable.

It should be noted that Power Group VIII, as well as X, stood in the neutral area. This was related, of course to their official platform pronouncements and not to individual politician's beliefs. Because of the timing of political events in the state which forces the candidate to run upon his own platform before the party stand has been formulated it is difficult to rally strong support for the latter platform.²⁹ The relative weakness of the Republican Party also tends to create factions in the struggle for power. These influences, however, apparently

²⁷ Interview with Jack Holmes, June 7, 1960.

²⁸ Interview with Murray Hintz, June 7, 1960.

²⁹ Interview with John F. Rice, April 8, 1960.

MILLERS FALLS

W. F. O. A. G. E.

copy of writing at New York, N. Y. ...
 of power group X ...
 Power group I also ...
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 of control of the ...
 ties of who ...
 Senate (1, 2, and 3) ...
 when the bill was ...
 about the proposal ...
 of this role ...
 move of this one ...
 power group, could ...
 had been unfavorable.

It should be noted ...
 as X, stood in the ...
 to their official ...
 vidual politician's ...
 political events ...
 to run upon his ...
 been formulated ...
 for the latter ...
 Republican Party ...
 strategic for power.

27 Interview with Jack ...
 28 Interview with ...
 29 Interview with ...

were not brought to bear upon the power grouping for HB 390. One interviewee believed that the favor of Figure A was known.³⁰ This, of course, would have brought some action within the ranks of these power groups if any real controversy had been created. The legislator's role does not seem different from that seen in relation to HB 133. Again, it was a matter of waiting for the power groups to align themselves upon the bill and the legislators followed this leadership.

Of the structures seen in the HB 133 analysis, only Power Group V did not seem directly involved in the HB 390 power grouping. However, the group undoubtedly supplied data used to justify this new Board to the legislators as the budget request for the bill was developed.³¹

As listed in Table 6, page 71, the environmental factors, known as influences were of less importance than in the structure related to HB 133. The power groupings and significant role-holders were unchanged. The evidence is clear that a small number of power groups, motivated by a few skillful role-holders can effectively support the passage of tuberculosis legislation in New Mexico.

Attention is now directed, in Chapter IV, to Senate Bill 218, a bill enacted by the Twenty-Fourth Legislature. Its circumstances will provide an opportunity to determine whether a different political administration and the new group of legislators created by the great turn-over in the New Mexico Legislature will appreciably affect the operation of the power groups.

were not thought to bear upon the power structure of the
1990. The structure was followed and the level of 1990 was known.
This, of course, would have required some
action within the ranks of the power structure. The structure was
contrary to the structure. The structure was not seen different from
that seen in 1990. Again, it was a matter of timing for the power
to align themselves upon the bill and the structure followed this
structure.
Of the structure seen in the 1990 structure, only power group V
did not seem directly involved in the 1990 power grouping. However,
the group was involved in the 1990 power grouping. Data used to justify
the need for the bill was developed. As listed in Table 6, page 7,
the structure was known as structure and it was known that the
structure related to 1990. The structure was known and significant
role-holders were involved. It was clear that a small number of
power-holders can effectively support the passage of legislative
legislation in New Mexico. Attention is now directed to Chapter II,
Senate Bill 215, a bill enacted by the Twenty-first Legislature.
Its circumstances will provide an opportunity to determine whether
a different political structure existed in the new group of
legislators elected during the 1990 election in the New Mexico
legislature will effectively affect the operation of the power
group.

CHAPTER IV

SENATE BILL 218

Though created by law on March 29, 1957, the New Mexico Tuberculosis Hospitals Board did not become a reality until June 7, 1957.¹ This situation of an unappointed board is a reflection of the multitudinous responsibilities which devolve upon the Governor during his term in office. Appointments are but a small part of his many duties. Ransone skillfully describes the demands upon the governor's time. He points out, for example, that in New Mexico 100 telephone calls and 100 letters had to be handled each day to transact the business of the office.² A former New Mexico governor once commented that demands were so heavy "you found yourself shaking hands with the public while you were taking a shower."³

Some of the power groups referred to in Chapter III served as advisors to Figure A with respect to the membership of the New Mexico Tuberculosis Hospitals Board (Power Group

¹"It's Your Health Department," (Santa Fe: New Mexico Department of Public Health, IV (April, 1957), p. 4.

²Coleman B. Ransone, The Office of the Governor in the United States (University of Alabama: University of Alabama Press), 1956, p. 130.

³Address by John F. Simms, Jr., Pi Sigma Alpha Banquet, Fall, 1957.

CHAPTER IV

SENATE BILL 218

Though created by law on March 22, 1927, the New Mexico Tuberculosis Hospital Board did not become a reality until June 2, 1927.¹ This situation of an unorganized board is a reflection of the conflicting responsibilities which devolve upon the Governor during his term in office. Appointments are not a small part of his many duties. Hanson skillfully described the demands upon the Governor's time. He points out, for example, that in New Mexico 100 telephone calls and 100 letters had to be handled each day to transact the business of the office.² A former New Mexico Governor once commented that demands were so heavy "you found yourself shaking hands with the public while you were taking a shower."³

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¹"It's Your Health Department," Senate Bill 218, New Mexico Department of Public Health, IV (April, 1927), p. 4.

²Colman S. Hanson, "The Office of the Governor in the United States (University of Alabama: University of Alabama Press), 1936, p. 130.

³Address by John E. Simon, Jr., Pi Sigma Alpha Banquet, Fall, 1927.

VII). Directive for such a move was given to Power Group II in the Legislative Committee meeting on January 4, 1957.⁴ In addition to providing a basis for action, this authority is interesting for another reason. It definitely indicates that Power Group II was aware of the fact that the provisions of HB 390 might have to be substituted for H B 133. Power Groups IV and VI were also interested in advising the Governor. Influence from individuals other than the key role-holders in Power Group IV was probably also operative. When the appointment was made, the Chairman, Role A in Power Group VII, was the former holder of Role P in Power Group VI. A second member of the board came from the ranks of Power Group IV. Lay members completed the board roster, one of these being a relative of a United States Senator as well as a prominent member of women's organizations in the state. The former connection is an example of the impingement of national influences upon the state scene.

This board, then, was faced with a problem highly charged with political implications but deplorable in terms of quality institutional care for tuberculosis patients. The Socorro Sanitorium, variously interpreted as "a stench in the nostrils of an honest man,"⁵ "a fire hazard,"⁶ or

⁴Minutes of the meeting of the Legislative Committee, New Mexico Tuberculosis Association, op. cit., January 4, 1957.

⁵Interview with Rodger E. MacQuigg, January 28, 1960.

⁶Report of Licensure Visit, July 17, 1957, Hospital Facilities Division, New Mexico Department of Public Health (in the files of the New Mexico Tuberculosis Hospitals Board).

VII). Directive for such a move was given to Power Group II in the Legislative Committee meeting on January 4, 1957. In addition to providing a basis for action, this authority is interesting for another reason. It definitely indicates that Power Group II was aware of the fact that the provisions of HR 250 might have to be substituted for H.R. 111. Power Groups IV and VI were also interested in advising the Governor. Influence from individuals other than the role-holders in Power Group IV was probably also operative. When the appointment was made, the Chairman, Role A in Power Group VII, was the former holder of Role B in Power Group VI. A second member of the board came from the ranks of Power Group IV. Its members comprised the board roster, one of these being a relative of a United States Senator as well as a prominent member of women's organizations in the state. The former connection is an example of the influence of national influence upon the state scene. This board, then, was faced with a problem highly charged with political implications but deplorable in terms of quality institutional care for tuberculous patients. The Socorro Sanatorium, variously interpreted as "a branch in the hospital of an honest man," "the life hazard," or

⁴ Minutes of the meeting of the Legislative Committee, New Mexico Tuberculosis Association, on January 4, 1957.

⁵ Interview with Robert E. Smalley, January 25, 1960.

⁶ Report of Licensee Year, July 17, 1957, Hospital Facilities Division, New Mexico Department of Public Health (in the files of the New Mexico Tuberculosis Hospital Board).

the "air-viewed spokes of a half a wagon wheel,"⁷ depending upon the point of view, seemed to be the first imperative for action with which the Board had to deal. A careful study of the potential of the facility was made. However, closing the institution seemed to be the best alternative. As early as February 17, 1957, Will Harrison had predicted that this would occur with the loss to the Socorro community of \$300,000 in annual payroll funds.⁸

Influence 1 was very strong in the local area. In addition, a key figure on the Socorro political scene was a personal friend of Figure A. This meant that Figure A could have been torn between the need of the citizens and the influence, if any were exerted, of friendship. The latter has frequently been known to govern. A former holder of the Figure A Role had stated that "he would let his beard grow to his knees before he would let the Sanitorium be closed."⁹ This could be attributed to the influence of Influence 1 although it was not documented by the study. However, one cannot be sure that any attempt to advise Figure A was made by his friend.¹⁰ Figure A's statement to the press was, "I don't know anything about it."¹¹

⁷ State Tuberculosis Sanatorium, op. cit., p. 11.

⁸ Albuquerque Tribune, February 19, 1957.

⁹ Interview with Leah Perkins, April 1, 1960.

¹⁰ Interview with Jack Holmes, Research Director, New Mexico Republican Party, June 7, 1960.

¹¹ Albuquerque Journal, July 1, 1957.

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Influence I was very strong in the local area. In addition, a key figure on the Socorro political scene was a personal friend of Figure A. This meant that Figure A could have been torn between the need of the citizens and the influence, if any were exerted, of friendship. The latter has frequently been known to govern. A former holder of the Figure A Role had stated that "he would let his beard grow to his knees before he would let the Sanatorium be closed." This could be attributed to the influence of Influence I although it was not documented by the study. However, one cannot be sure that any attempt to advise Figure A was made by his friend.¹⁰ Figure A's statement to the press was, "I don't know anything about it."¹¹

⁷ State Tuberculosis Sanatorium, op. cit., p. 11.

⁸ Albuquerque Tribune, February 19, 1957.

⁹ Interview with Jean Perkins, April 1, 1958.

¹⁰ Interview with Jack Palmer, Research Director, New Mexico Republican Party, June 7, 1958.

¹¹ Albuquerque Journal, July 1, 1957.

In the light of subsequent events, Figure A apparently allowed the Board full discretionary powers.¹²

The tactical maneuvers of Power Group VII were very skillfully conceived. First of all, the strength of Power Group III was utilized to assemble facts and raise the question of continued state approval for licensure. Secondly, Influence 2 was brought to bear on the problem as a shortage of professional staff developed. This Influence, now of at least three years' duration, was supported by Power Groups IV and VI as standards for licensure of practicing physicians remained high. Thirdly, the 114¹³ patients were moved to other facilities on a "temporary" basis. These steps are documented in front page stories in the Albuquerque Journal¹⁴ and the Albuquerque Tribune¹⁵ during the summer of 1957. The strategy of a local power group to stop the move through solicitation of the influence of a United States Representative¹⁶ proved to be ineffective as well as the emphasis of the local press upon the alleged difficulties

¹² Interview with Jack Holmes, June 7, 1960.

¹³ Annual Report (Santa Fe: New Mexico Department of Public Welfare), June 30, 1957, p. 49.

¹⁴ Albuquerque Journal, July 1 and 2, 1957.

¹⁵ Albuquerque Tribune, July 4, 1957.

¹⁶ Letter from the American Legion, Armijo and Armijo, Post #64, to Joe Montoya, July 8, 1957 (in the files of the New Mexico Tuberculosis Hospitals Board).

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¹¹ Interview with Jack Helms, June 7, 1960.

¹² Annual Report (Sentinel for New Mexico Department of Public Health), June 30, 1957, p. 43.

¹³ Albuquerque Journal, July 1 and 8, 1957.

¹⁴ Albuquerque Tribune, July 4, 1957.

¹⁵ Letter from the American Legion, Alamo and Alamo, June 25, to Joe Hoenig, July 3, 1957 (in the files of the New Mexico Laboratories Hospital Board).

patients were experiencing in breathing at the higher Fort Stanton altitude.¹⁷ On August 11, 1957, Power Group VII, Role A, stated his hope for a program to be developed which would be attractive to all patients.¹⁸

Power Group VII now turned its attention to upgrading the Fort Stanton facility and found itself without full authority to buy and sell property¹⁹ and without certain other powers usually accorded governing boards in the state.²⁰ When the reason for this deficiency was sought, it was found to be rooted in the pressures under which HB 390 had been written in the hectic days of the Twenty-Third Legislative Session. Thus it appeared that a return to the legislature would be necessary if this group were to gain its full operational powers.

The need for improved liaison among the power groups interested in tuberculosis control was a recognized problem.²¹ Therefore, an advisory committee of 32 persons representing 24 organizations was formed early in 1957.²² This committee met once during that year but was not active

¹⁷ Editorial, El Defensor, June 25, 1958.

¹⁸ Albuquerque Journal, August 11, 1957.

¹⁹ Interview with Rodger E. MacQuigg, January 28, 1960.

²⁰ Interview with Stanley J. Leland, Director, New Mexico Department of Public Health, June 6, 1960.

²¹ Interview with William Langlois, Member, Legislative Committee, New Mexico Medical Society, 1957, June 2, 1960.

²² "It's Your Health Department," op. cit., IV (July, 1957), p. 1.

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The need for improved liaison among the power groups interested in tuberculosis control was a recognized problem.²¹ Therefore, an advisory committee of 32 persons representing 25 organizations was formed early in 1957.²² This committee met once during that year but was not active

¹⁷ Editorial, El Defensor, June 22, 1956.

¹⁸ Albuquerque Journal, August 11, 1957.

¹⁹ Interview with Roger E. Macdougall, January 28, 1959.

²⁰ Interview with Stanley J. Ireland, Director, New Mexico Department of Public Health, June 6, 1956.

²¹ Interview with William Langford, Member, Legislative Committee, New Mexico Medical Society, 1957, June 2, 1959.

²² It's a Tough Health Department, op. cit., IV (July, 1957), p. 1.

enough to achieve its goal of increased cooperation between the power groups. On February 15 and 16, 1958, the members of these groups "went to the Summit" in a conference designed

To develop a plan for better tuberculosis control, in which the unity of purpose will result in unified and coordinated action by all²³ of the interested groups in the State of New Mexico.

One result of the conference was the activation of the 1957 advisory committee now to be known as the New Mexico Tuberculosis Coordinating Council.²⁴ The establishment of this Council is noted because it was through the auspices of this group that SB 218,²⁵ designed to increase the powers of the New Mexico Tuberculosis Hospitals Board, had its inception.²⁶ Because of the nature of this group's membership, it seems wise to leave it without power group designation. Rather, its influence shall be denoted as Influence 6 hereafter. Its power seems to have been generated as it was utilized as a tool by the member groups.²⁷

²³Proceedings, Summit Conference, New Mexico Tuberculosis Association, et al, (in the files of the New Mexico Tuberculosis Hospitals Board), February 15 and 16, 1958.

²⁴Ibid.

²⁵For provisions of this bill, see Appendix C.

²⁶Letter from Rodger E. MacQuigg to Robert J. Utzinger, January 12, 1959.

²⁷An additional item of interest is recorded in correspondence from K.D. Spiller, Officer in the Department of Finance to Rodger E. MacQuigg, July 18, 1958. Here protests were made concerning certain budgetary adjustments. Such action was interpreted as usurpation of the prerogatives of Power Group VII by Power Group V. The incident serves to illustrate the strength of the groups which handles matters of finance.

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23 Proceedings, Summit Conference, New Mexico Tuberculosis Association, et al., in the files of the New Mexico Tuberculosis Hospital Board, February 13 and 14, 1958.

24 Ibid.

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27 An additional item of interest in records in correspondence from A.D. Spiller, Officer in Charge of Finance to Robert E. MacGarry, July 18, 1958. Here proposals were made concerning certain budgetary adjustments. Such action was interpreted as a sign of the emergence of Power Group VI by Power Group V. The incident serves to illustrate the strength of the groups which handles matters of finance.

Meanwhile, Power Group XII, the New Mexico Conference of Social Welfare and Power Group XIV, the New Mexico Public Health Association entered the picture. Power Group XII was very interested in the issue of compulsory isolation which will be discussed in Chapter 5. Therefore, it was involved in legislative maneuvers for the Twenty-Fourth Session. It took no formal stand, however, on SB 218.

Power Group XIV, on the other hand, reorganized its Legislative Committee on September 24, 1958.²⁸ In subsequent communications in January²⁹ and February,³⁰ 1959, much evidence of concentrated legislative activity is present. It was not until after the legislative session, however, that any notation was made regarding SB 218.³¹ This seems to indicate that interest of this power group was focused on other matters and that their principle, "the most effective lobbying can be done by members themselves, locally, before the Legislature starts,"³² was violated with respect to SB 218. Of all the power groups analysed

²⁸Memorandum from the Legislative Committee to All Members of the New Mexico Public Health Association, October 16, 1958 (in the files of the association).

²⁹"The New Mexico Public Health Association Newsletter," (Santa Fe: New Mexico Public Health Association), January 5, 1959 (in the files of the association).

³⁰Memorandum from the Legislative Committee to All Members of the New Mexico Public Health Association, February 5, 1959 (in the files of the association).

³¹"The New Mexico Public Health Association Newsletter," op. cit., April, 1959.

³²Memorandum from the Legislative Committee to All Members of the New Mexico Public Health Association, October 16, 1958.

in this study, however, this is the only one which supported the services of a full-time lobbyist. Subsequently, her activities will be discussed.

Meanwhile Power Group II had been at work building support for legislative measures which would increase the scope of tuberculosis control. The February 7, 1958, "Friday Letter" details an excellent example of efforts toward interaction with other power groups by listing, for the information of its members, such meetings as:

- February 15 & 16 - Tuberculosis Summit, La Posada, Santa Fe.
- March 27, 28, 29 - New Mexico Tuberculosis Association Annual Meeting, Portales.
- May 5, 6, 7 - New Mexico Public Health Association Annual Meeting, Clovis.
- May 14, 15, 16 - New Mexico State Medical Society Annual Meeting.
- May 19 - 23 - Western Branch, American Public Health Association, Vancouver, Canada.
- June 14, 15 - New Mexico Tuberculosis Board Meeting, Fort Stanton.³³

Another interesting device for achieving legislative support appeared in the June 13 issue of the "Friday Letter." It was the suggestion that members attend county budget hearings. The date, time and place were listed in the bulletin for 23 county hearings. The data was interpreted as "Opportunity Knocks," saying, in part:

. . . As you probably know, one of the best ways to get what you want from a government is to show interest. So, get as many people as you can to attend these hearings. Contact your health department, and let them know you're interested. Offer your services.³⁴

³³"Friday Letter," op. cit., February 7, 1958.

³⁴Ibid., June 13, 1958.

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Another interesting device for securing legislative support appeared in the June 13 issue of the "Friday Letter." It was the suggestion that members attend county budget hearings. The date, time and place were listed in the bulletin for 23 county hearings. The data was interpreted as "approximately accurate," saying, in part:

... As you probably know, one of the best ways to get what you want from a government is to show interest. Get the many people as you can to attend these hearings. Contact your health department, and let them know you're interested. Offer your services.

"Friday Letter," pp. 215, February 7, 1958.

1958, June 15, 1958.

This seems an excellent example of the potential of individual participation in the democratic process. Such a contact could be most valuable in securing passage of needed legislation, such as SB 218, at a later time.

On November 24, the Tuberculosis Coordinating Council met to consider its stand on current issues in the program. Its agenda included an item on "Enlarging Responsibility of the TB Hospitals Board."³⁵ On December 5, the Legislative Committee, Power Group II, considered problems related to legal hindrances of Power Group VII.³⁶ These handicaps were known to center in property transaction authority, operation of future facilities, and participation in the outpatient drug program.³⁷ Legislation to meet these needs was deemed necessary. Power Groups III, IV, and VI also were interested in and willing to support the proposed measure. The same tactics for building local influence which would reach the legislators were used as those seen for previous bills. These were wires and letters to contact persons in the community for the most part. There was no organized opposition to SB 218 because it was drafted to parallel powers granted to other state boards of like nature.³⁸

The Twenty-Fourth Legislature opened on January

³⁵ Ibid., November 21, 1958.

³⁶ Agenda, Legislative Committee Meeting, New Mexico Tuberculosis Association, December 5, 1958 (in the committee files).

³⁷ Ibid.

³⁸ Interview with Stanley J. Leland, June 6, 1960.

This was an excellent example of the potential of the
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²⁵ Ibid., November 21, 1977.

²⁶ Agenda, Legislative Committee, Hospital Board, Power Group II, December 15, 1977, and Committee
 (List).

²⁷ Ibid.

²⁸ Interview with Stanley J. ...

13, 1959,³⁹ with the usual fanfare and excitement which accompanies such an event. New sets of working relationships had to be established because the groups now had a new composition. This was a very complex matter affected by many seemingly insignificant factors. For example, the hotel where one stays makes a difference. The "barefoot boys" usually stay at the DeVargas Hotel⁴⁰ thus creating a certain circle of "friends" within which these men work. The small stipend allowed the legislators is not a sufficient amount to support the social activity which is basic to working relationships in the legislature.⁴¹

At this time, Role L (the Lobbyist) for Power Group XIV was very busy indeed. She was a person trained by the League of Women Voters,⁴² and active in community affairs. Her reaction to this role was one of dissatisfaction because she found it impossible to keep track of the dozen or so measures backed by Power Group XIV. She believed the ideal lobbyist was one who knew the consensus of the thinking of the group she represented. This knowledge would free her, then, to participate in the bargaining process as compromise of wording but not of principles was

³⁹"Legislative Bulletin#1", Taxpayers Association of New Mexico, op. cit., January 13, 1959.

⁴⁰Interview with Ralph Gallegos, June 7, 1960.

⁴¹Legislator Gallegos stated he had spent \$62,000 during the six terms he had held legislative office.

⁴²Data in this paragraph is drawn from an interview with Gertrude Landmann, Member, New Mexico League of Women Voters; Lobbyist for the New Mexico Public Health Association, June 7, 1960.

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³⁹"Legislative Bulletin", Lobbyists Association of New Mexico, pp. 212, January 12, 1939.

⁴⁰Interview with Ralph Salinger, June 7, 1960.

⁴¹Legislator Salinger stated he had spent \$22,000 during the six terms he had held legislative office.

⁴²Data in this paragraph is drawn from an interview with Gertrude Landmann, Member, New Mexico League of Women Voters; Lobbyist for the New Mexico Child Health Association, June 7, 1960.

made. She stressed the importance of local support, believing that legislative activity cannot be effective without it. During her work with SB 218, Role A, Power Group II was her contact person. She recalls that one strategy used by this role-holder of Power Group II was to "take the legislators to lunch."

On January 26, the draft of SB 218 was ready for introduction and Power Group II, Role A communicated to Power Group VII, Role A, that this was the case.⁴³ The response was one of satisfaction. However, Power Group VII elected not to support the bill actively.⁴⁴ Subsequently, the bill was introduced on February 13, by the minority floor leader of the Senate, Figure 4_S, who was from Lincoln County. The bill was co-sponsored by Figure 5_S and Figure 6_S creating bipartisan support by key men in the Senate. It was referred to the Senate Public Affairs Committee. Again, hearings were apparently uneventful. Role A, Power Groups II and III were immediately available and supplied the legislators with testimony as needed. Liaison created by Role L, Power Group XIV, insured that the hearings would be known to these power groups.

Legislators customarily, it seems, return to their homes for the weekend. This gives the local people an

⁴³Letter from Robert J. Utzinger to Rodger E. MacQuigg, January 26, 1959.

⁴⁴Letter from Rodger E. MacQuigg to Robert J. Utzinger, January 12, 1959.

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¹² Letter from Robert J. Uttinger to Roger E. McC...
 Ozing, January 20, 1959.
¹³ Letter from Roger E. McC... to Robert J. Uttinger, January 22, 1959.

excellent opportunity to make their views known to the legislators. Utilization of this situation was made by the Bernalillo County Tuberculosis Association which sponsored a luncheon at the Alvarado Hotel in Albuquerque on January 23 to which the local legislators were invited. Representatives from Power Groups II, III, IV, VI, VII, and others were there. The focus was on proposals of health legislation in general and their impact upon the local area. The agenda was "scheduled for one-half hour but lasted four hours because the legislators kept asking questions."⁴⁵ This was apparently a very effective tactic because it was recalled by the legislators interviewed who were from Bernalillo County. Even though SB 218 was in committee at this time, information gained at the luncheon would not have affected the committee stand directly because no Bernalillo County men were members of it. The effect, rather, was upon the votes on the floor of both houses.

The DO PASS recommendation was made by the Senate Public Affairs Committee on February 26 and the bill passed the Senate with a vote of 27-0.⁴⁶ Transmittal to the House occurred on February 27 with referral of the bill to the House Ways and Means Committee. Although no record of the

⁴⁵ Interview with Dan Marley, Executive Secretary of the Bernalillo County Tuberculosis Association, June 3, 1960.

⁴⁶ Bill History of the Twenty-Fourth Legislative Session (Santa Fe: New Mexico Legislative Council), 1959, p. 39.

excellent opportunity to make their views known to the
 legislators. Utilization of this situation was made by
 the Barnstable County Tobaccoists Association which con-
 vened a luncheon at the Alvarado Hotel in Alhambra on
 January 27 to which the local legislators were invited.
 Representatives from Power Groups III, VII, VI, VIII,
 and others were present. The focus was on proposals of health
 legislation in general and their impact upon the local plan.
 The agenda was "scheduled for one-half hour but lasted four
 hours because the legislators kept asking questions."⁴²
 This was apparently a very effective tactic because it was
 recalled by the legislators interviewed who were from Barns-
 table County. Even though SB 210 was in committee at this
 time, information gained at the luncheon would not have
 affected the committee stand directly because no Barnstable
 County men were members of it. The effect, rather, was
 upon the votes on the floor of both houses.
 The SB 210 recommendation was made by the Senate
 Public Affairs Committee on February 20 and the bill passed
 the Senate with a vote of 27-0.⁴³ Transmitted to the House
 occurred on February 27 with referral of the bill to the
 House Ways and Means Committee. Although no record of the

⁴² Interview with Dan Harley, Executive Secretary of the Barnstable County Tobaccoists Association, June 2, 1960.

⁴³ Bill History of the Twenty-Fourth Legislature
Session (Senate File No. 200 Legislative Council, 1959)
 p. 29.

hearings is available, it is logical to assume that key role-holders presented testimony to the committee. Five days later the DO PASS recommendation went to the House.⁴⁷

A 52-0 vote⁴⁸ on March 6, 1959, signified the legislators' approval of the committee recommendation. A look at the vote on this bill, as well as the others in the study, is interesting. It will be noted that the vote was always recorded as being unopposed. Can the assumption of no controversy be made? "Absolutely not,"⁴⁹ says one legislator. "This is the final recorded vote which may have been different before the figure was reached,"⁵⁰ says another observer. It is almost certain that this vote had involved some "horse trading"⁵¹ somewhere along the way. It was the belief of Role L, Power Group VII that this accounts for the loss of much health and social legislation.⁵² Because the backers are not the more powerful liquor, ranching, or labor interests to which the legislators are very sensitive,⁵³ the bills can be used for bargaining

⁴⁷Ibid.

⁴⁸Ibid.

⁴⁹Interview with Oscar Beasley, March 25, 1960.

⁵⁰Interview with Clay Buchanan, June 6, 1960.

⁵¹Interview with Ralph Gallegos, June 7, 1960.

⁵²Interview with Gertrude Landmann, June 7, 1960.

⁵³Interview with Armando Larragoite, June 7, 1960.

hearings is available, it is logical to assume that my
 note-takers prepared testimony to the committee. Five
 days later the DC PAB recommendation went to the House.
 A 25-0 vote⁴⁶ on March 4, 1950, authorized the
 legislators' approval of the committee recommendation.
 Look at the vote on this bill, as well as the others in the
 study, is interesting. It will be noted that the vote was
 always recorded as being unopposed. Can the number of
 no controversy be made? "Absolutely not," says the legis-
 lator. "This is the final recorded vote which may have
 been different before the House was reached," says⁴⁷
 another observer. It is almost certain that this vote had
 involved some "horse trading"⁴⁸ somewhere along the way.
 It was the defeat of H.R. 1, Lower House, July 1950.
 accounts for the loss of such health and social legislation.
 Because the doctors had not the vote powerful lawyer,
 ranching, or labor interests to which the legislators are
 very sensitive,⁴⁹ the bills can be used for bargaining.

⁴⁷ Ibid.
⁴⁸ Ibid.
⁴⁹ Interview with Oscar Bessary, March 22, 1950.
⁵⁰ Interview with Clay Buchanan, June 6, 1950.
⁵¹ Interview with Ralph Gallegos, June 7, 1950.
⁵² Interview with Lawrence Anderson, June 7, 1950.
⁵³ Interview with Armando Lopez, June 7, 1950.

purposes. One interviewee believed that "health laws don't have a chance against strong materialistic impulses in the legislature."⁵⁴ The unopposed vote could also have resulted from strategy outlined so well by one interviewee.

You wait until some quiet time when the floor of the House is not too full. You check to be sure the opponents of the bill have gone out for coffee, or something. You move to bring your bill before the House for action. This is easiest if you have previously placed it on the Speaker's table. You may do this in a quiet voice to avoid arousing too much attention. The bill is placed before the House. You speak briefly for the bill reminding the House that it is 'non-controversial,' 'good for the people of New Mexico,' and that the committee has recommended a DO PASS. Right away then the bill is passed.⁵⁵

Except for the fact that SB 218 is not known to have been placed on the Speaker's table, it certainly could have matched these criteria.

The Governor signed the bill, presumably responding to similar influences suggested for HB 390. SB 218 was now law and Power Group VII had gained an extension of its prerogatives. That Power Groups IV and VI anticipate a continuing vital role in the operation of Power Group VII is clear. In no other way could this, a lay Board, so far as the law is concerned, have gained the right to supervise clinics and issue drugs on an outpatient basis. This seems a striking piece of evidence that certain relationships

⁵⁴ Interview with Wade Cooper, Treasurer, New Mexico Conference of Social Welfare, 1957, June 10, 1960.

⁵⁵ Interview with Ralph Gallegos, June 7, 1960.

purpose. One interviewee believed that "Health Law" would have a change against strong political interests in the legislature.²² The proposed vote could also have resulted from strategy outlined as well by some interviewees.

You will recall some point time when one floor of the House is not too full. You check to be sure the opponents of the bill have gone out for coffee, or something. You move to bring your bill before the House for action. This is central if you have previously placed it on the Speaker's table. You say to him in a quiet voice to avoid arousing too much attention. The bill is placed before the House. You speak briefly for the bill reminding the House that it is 'non-controversial', 'good for the people of New Mexico', and that the committee has recommended a 50-50 vote. Right away when the bill is passed.

Except for the fact that 50-50 is not known to have been placed on the Speaker's table, it certainly could have matched these criteria.

The Governor signed the bill, presumably responding to similar influences suggested in 1950. 50-50 was not law and power group VII had gained an extension of its prerogatives. That power group IV and VI anticipated continuing vital role in the operation of power group VII is clear. In no other way could that, a lay board, so far as the law is concerned, have gained the right to supervise clinics and issue drugs on an outpatient basis. The same a striking piece of evidence that certain relationships

²² Interview with Wade Cooper, Treasurer, New Mexico Conference of Social Workers, 1977, June 10, 1980.
²³ Interview with Ralph Gallager, June 7, 1980.

are present among the power groups which hold significant and determinant influence in the area of tuberculosis legislation. Furthermore, there is the assumption that the relative amounts of power generated by the groups will not change.

To facilitate further analysis of material in this chapter, reference should be made to Table 7, page 92, and to Figure 4, page 93. It will be noted that there is no power structure in the opposition column. This is, of course, the ideal situation with respect to any legislation. If there is any evidence of division in the ranks of the power groups interested in health legislation, the legislators are inclined to wait until these conflicts are resolved by the groups themselves.⁵⁶

Five of the power groups are arrayed in the neutral area. Power Groups VIII and X were concerned with other more pressing and significant matters in terms of over-all needs for New Mexico. Power Group VI took no official stand on the bill. In view of the strong support by allied groups, it can be assumed that this group felt support was not urgently needed. Power Group XII, as mentioned above, was concerned with other parts of the tuberculosis control program.

Power Group VII's stand is interesting. It obviously could potentially gain much from the passage of SB 218, yet chose, officially, at least, to take no active

⁵⁶ Interview with Fabian Chavez, June 7, 1960.

are present among the... and determination... legislation... the relative... will not...
E E E

to facilities... chapter, reference... to Figure... power systems... course, the local... If there is any... groups interested... are inclined to... the groups...
E E E

Five of the... area. Power... more pressing... needs for New... on the bill... It can be... urgently needed... concerned with... program.

Power... vision... 28 218, yet...
E E E

TABLE 7

POWER GROUPS, ROLES, FIGURES, AND INFLUENCES
IN THE
FATE OF SENATE BILL 218

POWER GROUPS

Official Agencies

- III - New Mexico Department of Public Health
Role A - Director
- VII - New Mexico Tuberculosis Hospitals Board
Role A - Chairman

Non-Official Agencies

- II - New Mexico Tuberculosis Association
Role A - Executive Director
- IV - New Mexico Medical Society
Role P - President
Role LC - Legislative Committee Chairman
- VI - New Mexico Trudeau Society
Role P - President
- VIII - New Mexico Democratic Party
- X - New Mexico Republican Party
- XII - New Mexico Conference of Social Welfare
- XIV - New Mexico Public Health Association
Role L - Lobbyist

FIGURES

- A - Governor
- a, b, - County Chairmen
c, d, etc.

4_S, 5_S, 6_S - Senators

INFLUENCES

1. Political patronage in tuberculosis hospitals.
2. Shortage of personnel in tuberculosis hospitals.
3. Zahn-Northrop Report
6. Influence of New Mexico Tuberculosis Coordinating Council.

TABLE 7

POWER GROUPS, ROLES, FUNCTIONS, AND INTERACTIONS
IN THE

FIELD OF ENVIRONMENTAL SCIENCE

POWER GROUPS

Official Roles

- III - New Mexico Department of Public Health
Role A - Director
- VII - New Mexico State Board of Health
Role A - Chairman

Non-Official Activities

- II - New Mexico Tuberculosis Association
Role A - Executive Director
- IV - New Mexico Medical Society
Role I - President
- Role III - Legislative Committee Chairman
- VI - New Mexico Teachers Society
Role I - President
- VIII - New Mexico Democratic Party
X - New Mexico Republican Party
- XII - New Mexico Conference of Social Workers
- XIII - New Mexico Public Health Association
Role I - Lobbyist

FIGURES

A - Governor

2, 3, 4 - Senators

REFERENCES

1. Political background in tuberculosis legislation.
2. Structure of personnel in tuberculosis program.
3. Saha-Narayan Report
4. Influence of New Mexico Tuberculosis Commission on...

FIGURE 4

POWER STRUCTURE ALIGNMENTS
FOR
SENATE BILL 218

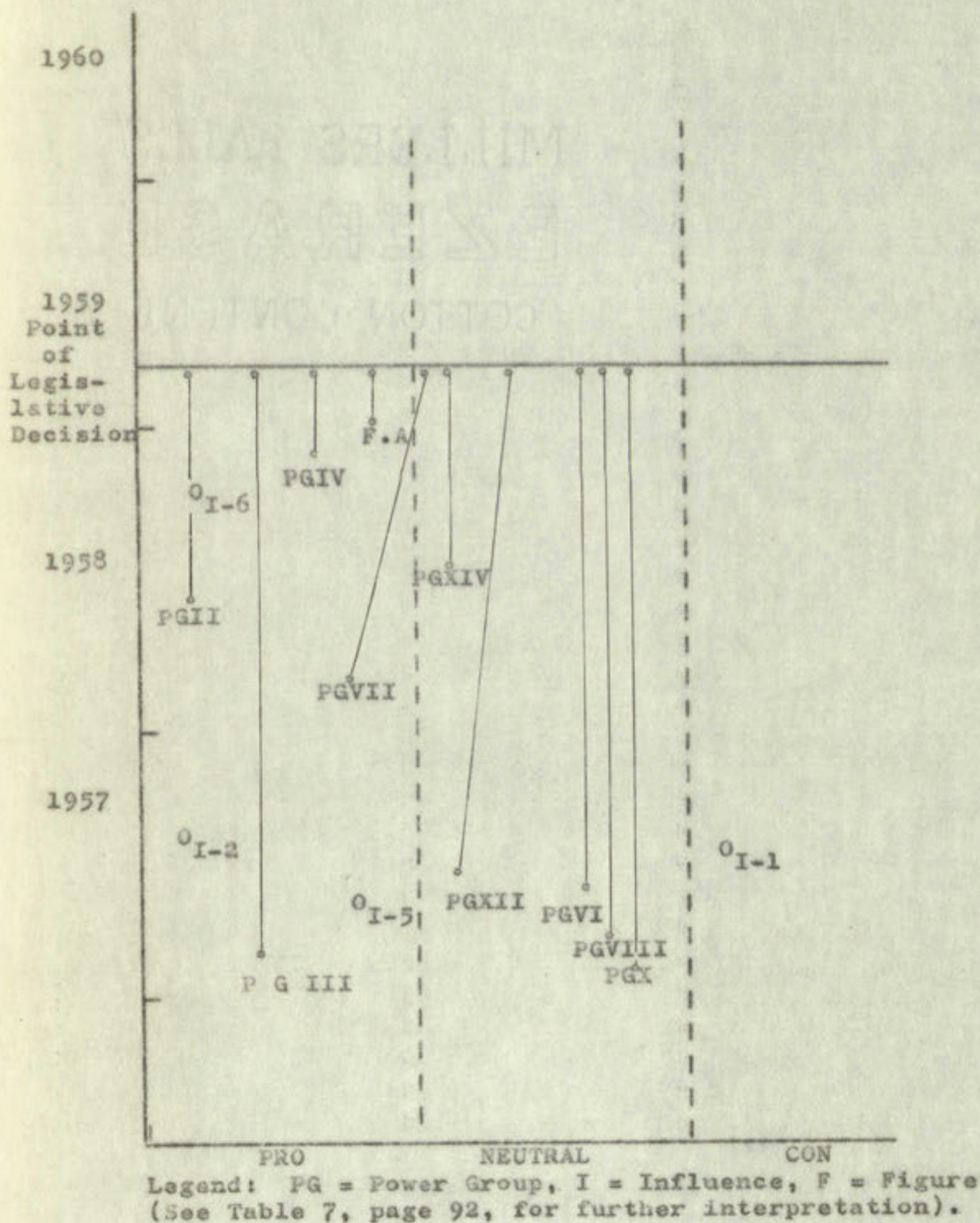
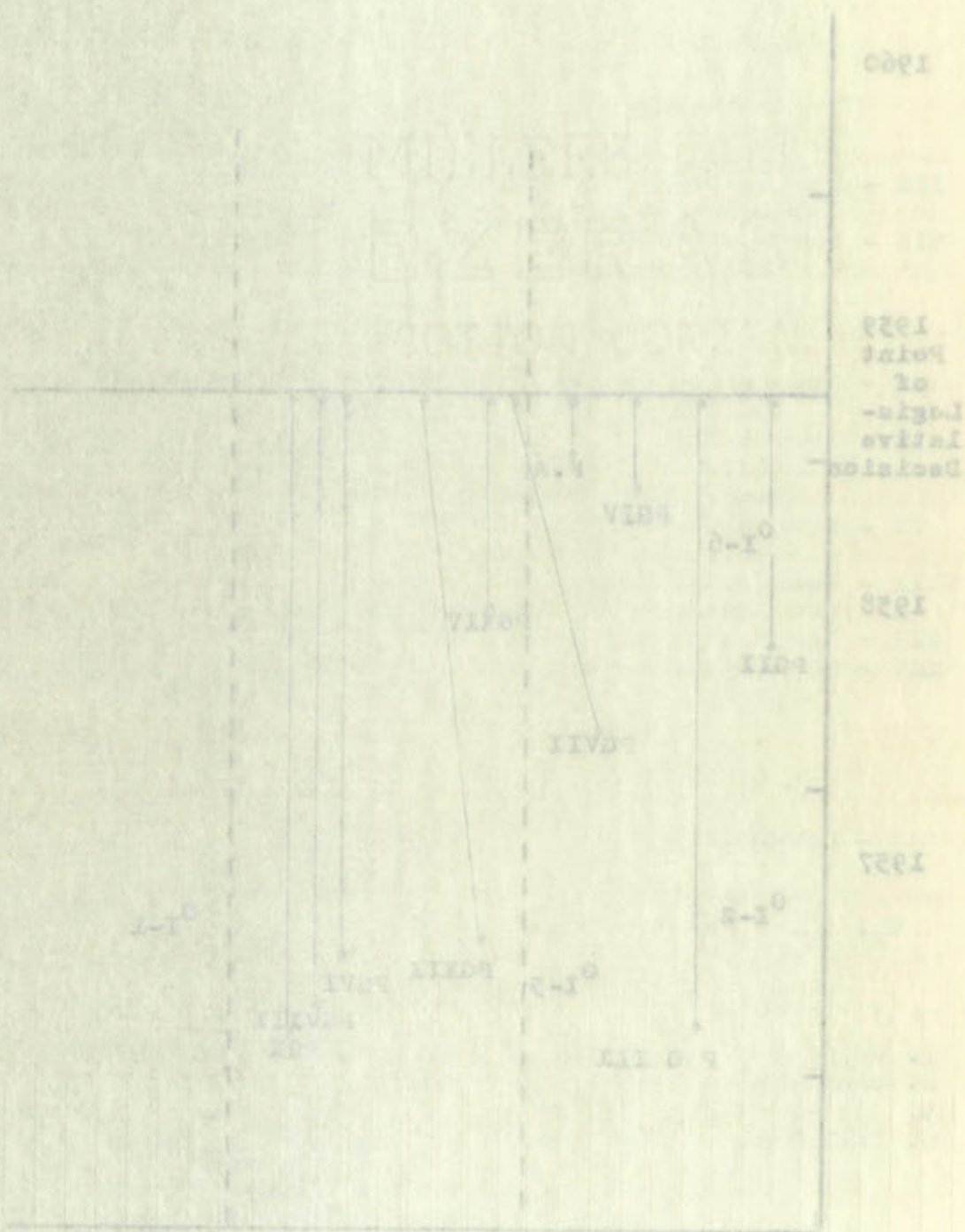


FIGURE 7

POWER STRUCTURE ALTERNATE
FOR
SARAWAK, 1960-1961



Legend: PB = Power Group, I = Influence, S = Status
(See Table 7, page 28, for further explanation.)

steps in support of the measure. This seemed to stem from the quixotic belief that official agencies should not engage in political activity. Indeed, positive restraint from such participation often appears. However, it seems clear that such structures as Power Group I and III could not easily achieve their organizational goals if they separated themselves from the legislative process. The Governor, a chief legislator, looks to them for guidance. Legislators know and respect the key role-holders in the official agencies, according to the findings of this study. Complexity seems a major factor in this matter. Our society has so many variables that the legislator is forced to rely upon the people in the official power groups for interpretation.

The support for SB 218, then, was composed of Power Groups II, III, IV, and XIV. Their maneuvers have been adequately reviewed. It is clear that the need for increased power for this Board was imperative to (1) align its authority and responsibility with other like Boards, and (2) to expand the program of tuberculosis control in the state. Influence 1 operated in opposition to the power of Power Group VII but did not affect the progress of the bill through the legislative process. Influence 2 strengthened Power Group VII's hand but, again, did not affect the fate of SB 218. Influence 6, the influence of the New Mexico Tuberculosis Coordinating Council, became the avenue for discussions which built up support for the bill.

steps in support of the measure. This seemed to arise from the anxious belief that official agencies should not engage in political activity. Indeed, political activity from such participation often appears. However, it seems clear that such structures as laws which will be made not only achieve their organizational goals if they are passed themselves from the legislative process. The Government, a chief legislator, looks to them for guidance. Legislators know and respect the responsibilities of the official agencies, according to the findings of the study. Cooperation seems a major factor in this matter. But actually has so many variables that the legislator is forced to rely upon the people in the official power groups for information.

The support for the bill, which was passed on lower groups II, III, IV, and XV. In all cases there have been adequately reviewed. It is clear that the bill for its original power for this bill was reported to (A) through its authority and responsibility with other like bills, and (2) to expand the program of administrative control in the state. Initiative 2 appeared in opposition to the bill of Power Group VII but did not affect the passage of the bill through the legislative process. Initiative 3 strongly opposed Power Group VII's bill but, again, did not affect the passage of the bill. Initiative 4, the initiative of the New Mexico Tobaccoists undoubtedly is near, because the avenue for disagreement which might support for the bill.

Basically, however, it was the work of Power Group II which made the enactment of SB 218 possible.

The last three chapters have dealt with the tactical maneuvers used to establish a new governing body for New Mexico's tuberculosis hospitals. The structure, as it stands today, is one among many governing boards appointed by and responsible to the Governor. With a great number of Boards to supervise, he cannot personally oversee their actions. This lends a large measure of autonomy to such a structure as Power Group VII. This means, further, that serious responsibility for responsiveness to the citizen's need rather than to the power group influences rests upon the key role-holders in the group. A competent, conscientious holder of Role A in the Power Group can mean a bold and forward-moving program for the agency. If opposite qualities should be seen in Role A, the citizens' expectations for quality care could be thwarted.

Another issue, related to institutional care of tuberculosis patients but rooted in quite a different need was also considered during the time span for the legislative sessions being analysed in this study. This was the question of legal means to compel an actively infected person to be isolated from society. Chapter V will treat the background of this problem briefly and, using the analytical procedures established for the study, determine the power structures centered around this problem.

Basically, however, it was the work of the Great Depression
made the enactment of this possible.

The last three chapters have dealt with the various
and mechanisms used to establish a new governing body for
New Mexico's tuberculosis hospitals. The structure, as it
stands today, is one among many governing boards organized
by and responsible to the government. With a great number of
boards to supervise, he cannot personally oversee their
actions. This leads a large measure of authority to such a
structure as Power Group VII. This means, further, that
various responsibility for responsibility in the situation
need rather than to the power group and various needs upon
the key role-holders in the group. A comparison, however,
those holder of role A in the Power Group can lead a role
and forward-moving program for the group. It suggests
qualities should be seen in Role A, the citizens' expecta-
tions for quality care could be expected.

Another issue, related to institutional care in
tuberculosis patients but noted in quite a different
need was also considered during the time span for the
legislative session being analyzed in this study. This
was the question of legal means to control an actively
infected person to be isolated from society. Chapter 7
will treat the background of this problem briefly and,
using the analytical procedures established in the study,
determine the power structure centered around the problem.

CHAPTER V

HOUSE BILL 214

It is obvious that the most direct approach to the eradication of tuberculosis is to prevent tubercle bacilli from reaching human beings.

.
Now that bovine tuberculosis has been all but wiped out in this country, man himself is the source of practically all infection.¹

This statement was issued by Dr. Trudeau early in the twentieth century and must have had an anachronistic ring. Even today the concept is not wholly accepted. It would obviously meet with resistance in New Mexico. Here, recent history was, in a way, created by those who came to this state to recover from the disease. In 1917, the southwestern philosophy was expressed in the Herald of the Well Country:

The clinic for tuberculosis should be for those who voluntarily² seek its benefits and its work should not be jeopardized by attempts to force its care upon the unwilling. In a representative form of government, a respectable minority has rights which must be respected; however falacious sic they may be, so long as they do not endanger the lives, or too flagrantly

¹Rene J. Dubos and Albert W. Dent, "Now and Tomorrow," Transactions of the Fiftieth Annual Meeting (New York: The National Tuberculosis Association, 1954), p. 171.

²The italics are mine.

CHAPTER V

HOUSE BILL 214

It is obvious that the most direct approach to the eradication of tuberculosis is to prevent tubercle bacilli from reaching human beings. . . . Now that bovine tuberculosis has been all but wiped out in this country, man himself is the source of practically all infections.

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of the Wolf Country:

The clinic for tuberculosis should be for those who voluntarily seek its benefits and its work should not be jeopardized by attempts to force its care upon the unwilling. In a representative form of government, a respectable minority has rights which must be respected; however laudable the cause may be, so long as they do not endanger the lives, or the liberty

¹ Hans J. Babcock and Albert W. Bent, "Government and Tuberculosis," Transactions of the Fifth Annual Meeting (New York: The National Tuberculosis Association, 1921), p. 171.

²The italics are mine.

jeopardize the health of the community.³

Notice that minority rights are emphasized. At mid-century these rights seem to be a stumbling block to an effective approach to tuberculosis control in the state.

Furthermore, vestiges of fourteenth and fifteenth century attitudes remain. For many, the disease is considered a "natural" one. Therefore, it is believed that such folk remedies as "sleeping with a goat and drinking goat's milk" are effective.⁴ There is also the belief, stemming from Spanish-American and New England Puritan fatalism, that to be victimized by tuberculosis is an act of God. Such acts are suffered by the individual and not questioned.⁵ This widespread acceptance of the disease leads to consequent apathy. "Everyone knows that when you spit blood, you rest. Why, therefore, make such a fuss about it?"⁶ "Ignorance rather than apathy" accounts for some of these attitudes.⁷ Nor can it be assumed that the ritual, as it seems to the uninitiated, of taking pills, will be accepted as treatment by the people who have been dealing with the disease for generations.⁸ Group antagonisms also raise a

³Charles C. Browning, "Community Control of Tuberculosis," The Herald of the Well Country, III (April, 1917), p. 1.

⁴Interview with Edward Trujillo, Clinical Social Worker, Tuberculosis Service, Veteran's Administration Hospital, June 8, 1960.

⁵Ibid.

⁶Interview with Clay Buchanan, June 6, 1960.

⁷Interview with Fabian Chavez, June 7, 1960.

⁸Interview with Isabella Leland, June 8, 1960.

jeopardize the health of the community.
 Notice that minority rights are not...
 these rights seem to be a...
 approach to tuberculosis control in...
 Furthermore, reviews of...
 century...
 based a "natural" one. Therefore, it is...
 folk remedies are "attractive" with a...
 milk" are attractive. There is also...
 from Spanish-American and...
 that to be...
 Such acts are...
 This widespread...
 patient...
 you feel. Why, therefore, does...
 "Ignorance rather than...
 attitudes. Not only is...
 seems to be...
 as treatment by the people who...
 disease for generations.

¹ Charles C. Brown, "Community Control of Tuberculosis," The Journal of the United States Public Health Service, Vol. 1, No. 1, 1930.

² Interview with...
 Worker, Tuberculosis Service, Veterans' Administration Hospital, June 11, 1950.

³ Interview with...
 Interview with...
 Interview with...

genuine barrier. One cannot expect interpretation offered by a Texan or a White Anglo-Saxon Protestant to have influence with groups who have suffered at the hands of such groups.

In short, it is not enough to have the medical knowledge for eradication of the disease. Social factors must be considered as well. The dilemma of the patient confronted with the knowledge that he had tuberculosis is so well expressed in A Handbook on Social Services for the Tuberculous Patient that the liberty is taken of quoting the section in its entirety:

1. A patient is told he has tuberculosis but receives inadequate or ineffective help in meeting and overcoming his immediate fear reaction or that which affects the attitude and behavior of his family.
2. He is urged to conform to public health policy of isolation but receives ineffective aid in doing so while awaiting hospital admission, or afterwards, in finding workable and lasting plans for necessary housing arrangements, family support, and child care.
3. While he is awaiting hospital admission, he often receives no help in decreasing the chances of infection to other members of the family. When his treatment plan begins, whether at home or in the hospital, he and his family do not receive the kind of help needed in making an adjustment which will not undermine their ability to regain independence later.
4. During treatment he is told to rest, physically and mentally, but he and his family are not helped in handling effectively the irritations, misunderstandings, and dissatisfactions which he encounters before they have accumulated into crises.
5. When the patient is ready for discharge he is left to reorient himself to personal relationships and responsibilities which contrast so markedly with the dependency of a hospital patient.
6. Although the discharged patient is instructed to follow specific medical recommendations, he and his family receive no realistic help with the practical

genuine barrier. One cannot expect interpretation offered by a Texas or a Utah Anglo-Saxon professional to have resonance with groups who have suffered at the hands of such groups.

In short, it is not enough to have the medical knowledge for eradication of the disease. Social factors must be considered as well. The dilemma of the patient confronted with the knowledge that he has tuberculosis is so well expressed in A Handbook on Social Services for the Tuberculous Patient that the liberty is taken of quoting the section in its entirety:

1. A patient is told he has tuberculosis but receives inadequate or ineffective help in meeting and overcoming his immediate fear reaction or that which affects the attitude and behavior of his family.

2. He is urged to conform to public health policy or isolation but receives ineffective aid in doing so while awaiting hospital admission, or afterwards, in finding workable and lasting plans for necessary housing arrangements, family support, and child care.

3. While he is awaiting hospital admission, he often receives no help in determining the chances of infection to other members of the family. When his treatment plan begins, whether at home or in the hospital, he and his family do not receive the kind of help needed in making an adjustment which will not undermine their ability to regain independence later.

4. During treatment he is told to rest, physically and mentally, but he and his family are not helped in handling effectively the frustration, marriage strain, and dissatisfactions which he encounters before they have accumulated into crises.

5. When the patient is ready for discharge he is left to reorient himself to personal relationships and responsibilities which contrast so markedly with the dependency of a hospital patient.

6. Although the diagnosed patient is instructed to follow specific medical recommendations, he and his family receive no realistic help with the practical

problems which may prevent him from doing so.⁹

Contemplation of these significant points gives broad understanding to the genesis of the role of the so-called recalcitrant person. He cannot bring himself to accept treatment because of a veritable tangle of psychological, sociological, and economic factors. Because he cannot deal effectively with the problem for himself, the state has a responsibility, for the protection of other citizens, to find a way to effect treatment, by force, if necessary, for such a person.

At a September, 1957, National Conference on "Protective Isolation of the Tuberculous" one speaker declared:

There is a small hard core of socially irresponsible persons, who in spite of a concerted psycho-social attack, will expose their fellow men to infection unless restrained.¹⁰

This was countered at the same meeting with the following:

Tuberculosis control officials have ample tools for protecting the environment from the recalcitrant. The unknown tuberculosis cases are the main hazard. The institution of forcible hospitalization would add no more to tuberculosis control than would ¹¹more vigorous application of those methods now in use.

Therefore, it is evident that much controversy exists on the problem of whether the state should enact measures for the compulsory control of those tuberculous indivi-

⁹A Handbook on Social Services for the Tuberculous Patient (New York: National Tuberculosis Association, 1951), p. 9.

¹⁰"Protective Isolation of the Tuberculous," Tuberculosis Abstracts, XXXI (April, 1958).

¹¹Ibid.

problems which may prevent the treatment of...
 Consideration of these aspects of the...
 understanding to the general of the role of the...
 resistant person. He cannot bring himself to accept...
 treatment because of a veritable wall of psychological...
 sociological, and economic factors. Besides the...
 effectively with the problem for himself, the...
 responsibility, for the protection of other citizens, to...
 find a way to effect treatment, by force, if necessary,
 for such a person.

At a September, 1951, National Conference on
 "Protective Isolation of the Tuberculous Patient"
 decided:

There is a small hard core of socially irresponsible
 persons, who in spite of a complete psychological
 attack, will expose their fellow man to infection
 unless restrained.⁹

This was considered at the same time as the...
 Tuberculosis control...
 protecting the community...
 unknown tuberculosis cases...
 isolation of tuberculous...
 more to tuberculosis control than...
 application of these methods now in use.

Therefore, it is evident that such...
 the problem of whether the...
 for the compulsory control of these...¹⁰

⁹ A Handbook of Social Hygiene for the...
 Patients (New York: National Tuberculosis... 1951),
 p. 9.

¹⁰ "Protective Isolation of the Tuberculous Patient,"...
Public Health Reports, LXXVI (April, 1961), 1000.

¹¹ Ibid.

duals who do not comply with good health practices.

It is clearly established that tuberculosis is relatively widespread in New Mexico. This may be attributed to the history of the disease in the state as well as to the fact that effective legal tools are in use in all states bordering New Mexico. This means that some tuberculous persons drift into the state to avoid submitting to the regulations in these other states. Therefore, since infected persons are a known source for future infections, it seems certain that some compulsion will be necessary in selected cases.¹² "Compulsory isolation is the core of tuberculosis control."¹³

Traditionally, the New Mexico Tuberculosis Association has been opposed to compulsory isolation.¹⁴ The reasons for this lie in the recognition of the historical factors discussed elsewhere in this thesis. However, other power groups had some concern for immediate action, thus creating the interesting story of HB 214.

It will be recalled that the Zahn-Northrop Report (Influence 5) mentioned this problem and recommended that no action be taken regarding it until other parts of the tuberculosis control program became well established. One

¹²Interview with Bela Szigeti, Medical Officer, New Mexico Tuberculosis Hospitals, June 9, 1960.

¹³Interview with A. North Longfield, Chief, Chest Service, Veterans' Administration Hospital, June 2, 1960.

¹⁴Interview with Leah Perkins, April 1, 1960.

100
duals who do not comply with good health practices.

It is clearly established that tuberculosis is relatively widespread in New Mexico. This may be attributed to the history of the disease in the state as well as to the fact that effective local control has not been established. This means that some tuberculous persons drift into the state to avoid submitting to the regulations in their other states. Therefore, since infected persons are a known source for future infections, it seems certain that some compulsion will be necessary in selected cases.¹² Compulsory isolation is the core

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It will be recalled that the Lamm-Kortrup Report (Influence 5) mentioned this problem and recommended that no action be taken regarding it until other parts of the tuberculosis control program became well established. One

¹² Interview with John Baggett, Medical Officer, New Mexico Tuberculosis Hospital, June 2, 1950.

¹³ Interview with A. Norman Longfellow, Chief, Clinical Services, Veterans' Administration Hospital, June 2, 1950.

¹⁴ Interview with Jack Perkins, April 1, 1950.

prerequisite was held to be improved facilities, and the problem was not attacked until after legislation discussed in Chapters 2, 3, and 4.

Sometime in the latter part of 1956, an influential Representative from Quay County, a rancher, Figure 5_H, became concerned about the state's provision for isolation of infective tuberculous persons. He, therefore, drafted a measure, doing all of the work on it himself.¹⁵ It was his conviction that "any person afflicted with active TB, endangering the health and well-being of his family should be confined to an institution."¹⁶ This bill, HB 214,¹⁷ provided for compulsory isolation together with an elaborate procedure for protecting the civil rights of the individual.

HB 214 became known to Power Groups II and III although there is a tendency among interviewees to confuse it with work done after the Twenty-Third Legislature. More dissembling, as mentioned by William Riker,¹⁸ occurred with respect to this bill than with any of the others studied. Reasons for this should be apparent as the story unfolds.

At the January 4, 1957, Legislative Committee

¹⁵Letter from Thomas G. Morris to the writer, June 17, 1960.

¹⁶Ibid.

¹⁷For provisions of the bill, see Appendix C.

¹⁸Riker, op. cit., p. 79.

preparation was held to be necessary and that the
problem was not attacked until after the passage of the
in Chapters 1, 2, and 3.

Somehow in the latter part of 1937, an individual
was appointed to the County, a member, James J. [?]
case concerned about the state's position for [?]
of alcoholic beverages. [?]
measure, doing all of the work on it [?]
the conviction that "any person who [?]
endangering the health and well-being of the [?]
be confined to an institution." [?]
provided for compulsory [?]
rate procedure for protecting the [?]
individual.

It is known to have been [?]
although there is a tendency [?]
it with work done after the [?]
More detailed, as mentioned [?]
with respect to this bill [?]
studied. Reasons for this [?]
[?]

¹⁵ Letter from Thomas H. Morris to the [?]
12, 1938.
¹⁶ [?]
¹⁷ For provisions of the bill, see [?]
¹⁸ [?]

THE [?]

meeting of Power Group II, their opposite stand was reaffirmed.¹⁹ At this time evidence was presented that isolation could be achieved by using extant isolation and quarantine laws. The most pertinent statute was this:

Any justice of the peace or judge of the district court, having jurisdiction in the county in which any person infected with a contagious or infectious disease may be found, may upon proper complaint being made by any health authority, stating the facts, under oath, so far as he has knowledge and belief, are true, may issue a warrant under his hand directed to the sheriff or any constable of his county, requiring such sheriff or constable, under the direction of such health authority, to remove and isolate any person infected with contagious or infectious disease and to take possession of convenient houses or lodgings and to produce other necessaries for the accomodation and relief of such person and safety of public health.²⁰

It is not the belief of the writer, however, that this action of Power Group II was taken in response to consideration of HB 214. Rather, this was a clarification of their stand on the issue in case such action should be needed. It does, however, establish their position in the power model.

The January 20, 1957, Legislative Committee meeting of Power Group IV did definitely deal with this bill rather than the general matter of compulsory isolation. Role A, Power Group III reported to this committee as follows:

. . . some 43 states already have such a law which was not always enforced. He said that the rate of active TB, which had been reported in New Mexico, was 170 per 100,000, and this, under bad reporting conditions. He added, however, if such a law was enacted in New Mexico

¹⁹Minutes of the Legislative Committee Meeting, New Mexico Tuberculosis Association, January 4, 1957, (in the files of the association).

²⁰Ibid., quoting from New Mexico Statutes, 1953, Volume 3, Chapter 12, Article 3, Health Protection.

meeting of Power Group II, their respective claims were
realized. At this time evidence was presented that
isolation could be achieved by using certain facilities and
guarantee laws. The most pertinent points were:

Any justice of the peace or judge of the district
court, having jurisdiction in the county in which any
person infected with a contagious or infectious disease
may be found, may upon proper complaint being made by
any health authority, stating the facts, under oath, so
far as he has knowledge and belief, order any person
a law under his hand directed to the removal of any
contaminated of his county, removing such article or con-
taminated, under the direction of such health authority,
to remove and isolate any person infected with contagious
or infectious disease and to take possession of con-
venient houses or lodgings and to produce other neces-
saries for the accommodation of such person, and
and safety of public health.

It is not the belief of the committee, however, that this action
of Power Group II was taken in response to recommendation of
Dr. H. H. Hatcher, this was a clarification of their stand
on the issue in case such action should be needed. It does,
however, establish their position in the event needed.

The January 30, 1937, Legislative Committee meeting
of Power Group IV did definitely deal with the bill rather
than the general matter of compulsory isolation. This is
Power Group III reported to this committee as follows:

... some \$2 million already have been set aside which was
not always intended. We believe that the bill of active
TB, which had been reported in the Senate, was 100 per
cent, and this, under the proposed legislation, 10
added, however, it such a law the effect in the Senate

¹⁹ Minutes of the Legislative Committee meeting, 1937
Mexico Tuberculosis Association, January 9, 1937, in the
files of the association.

²⁰ Ibid., quoting from the Senate Report, 1937
Volume 3, Chapter 12, Article 3, Health Protection.

there would be no place to put the patients. He personally was against such enforcement until our state TB institutions were up to par.²¹

The influence of other power groups cannot be precisely documented within the scope of the study.

On February 6, the twenty-ninth day of the Twenty-Third Legislative Session, HB 218 was introduced by Figure 5_H. It was referred to the House Appropriations and Finance Committee of which he was a member.²² This was accomplished through the power of the introducer who has control of the committee to which his bill will be sent.²³ This Representative was aware of the stand of Power Groups II, III, and IV and his correlated action was as follows:

However, I did not press for hearings and passage of the bill because I was advised by the officials of the Department of Public Health and our State Director of the TB Association that adequate facilities did not exist to care for such patients.²⁴

With this maneuver of the introducer, the bill was destined to be ignored in the legislative process. It was reported as having died in committee on the sixtieth day of the session.²⁵

The fate of this measure is very interesting in the

²¹Resume of Council Action, New Mexico Medical Society, op. cit.

²²Bill History of the Twenty-Third Legislative Session, op. cit., p. 114.

²³Interview with Ed Yudin, April 4, 1960.

²⁴Letter from Thomas G. Morris, op. cit.

²⁵Bill History of the Twenty-Third Legislative Session, op. cit.

there would be no place to put the patients. The fact
 usually was against such an arrangement until our staff
 The institution went up to 1911.

The influence of other power groups cannot be precisely

documented within the scope of the study.

On February 9, the twenty-ninth day of the twenty-

Third Legislative Session, H.R. 211 was introduced by Representative

28. It was referred to the House Appropriations and Finance

Committee of which he was a member. 29 This was accompanied

through the power of the introduction who has control of the

committee to which his bill will be sent. 30 The representa-

tive was aware of the words of Power Groups II, III, and

IV and his correlated action was as follows:

However, I did not press for hearings and passage of
 the bill because I was advised by the officials of the
 Department of Public Health and our State Director of
 the TB Association that adequate facilities did not
 exist to care for such patients.

With this maneuver of the introduction, the bill was destined

to be ignored in the legislative process. It was reported

as having died in committee on the sixteenth day of the

25 session.

The fate of this measure is very interesting in the

31 Resume of Council Action, New Mexico Medical
 Society, op. cit.

32 Bill History of the Twenty-Third Legislative
 Session, op. cit., p. 114.

33 Interview with Dr. [Name], April 4, 1950.

34 Letter from Thomas G. Morris, op. cit.

35 Bill History of the Twenty-Third Legislative
 Session, op. cit.

light of events since its defeat in legislative committee. The reason for its introduction has been variously interpreted as "an educational measure,"²⁶ "you seldom achieve passage of a measure the first time,"²⁷ and "it usually takes three legislative sessions to get a bill passed."²⁸ The reason for its defeat has been interpreted as "we already have laws,"²⁹ "we didn't have facilities,"³⁰ "it was a violation of individual rights,"³¹ or "we fear it would drive tuberculosis underground."³² However, the real facts of the matter seem to lie in the alignment of the power groups.

Table 8, a listing of all the sources of power identified in the study, will facilitate a review of such factors. In addition, reference must also be made to Figure 5 which depicts the alignment of these groups. It will be observed that, at the point of legislative decision, only the introducer was for the bill. The three power groups most closely involved had swung to the opposition for reasons already discussed.

The aftermath of this bill is most interesting.

The Representative's support as shown in Figure 5, continues

²⁶ Interview with Stanley J. Leland, June 6, 1960.

²⁷ Interview with Gertrude Landmann, June 7, 1960.

²⁸ Interview with Wade Cooper, June 10, 1960.

²⁹ Interview with Rodger E. MacQuigg, January 28, 1960.

³⁰ Interview with Stanley J. Leland, June 6, 1960.

³¹ Interview with Ralph Gallegos, June 7, 1960.

³² Interview with Myrtle Greenfield, June 22, 1960.

TABLE 3

POWER GROUPS, ROLES, VALUES, AND INTERESTS

ROLE OF THE STATE IN HEALTH CARE

POWER GROUPS

Official Agencies

- I - New Mexico Department of Public Health
Role A - Director
- III - New Mexico Department of Public Health
Role A - Director
- V - New Mexico Department of Finance
Role A - Director
- VII - New Mexico Legislative Health Board
Role A - Chairman

Non-Official Agencies

- II - New Mexico Tuberculosis Association
Role A - Executive Director
Role B - Board Member
- IV - New Mexico Medical Society
Role C - President
Role D - Legislative Committee Chairman
- VI - New Mexico Teachers Society
Role E - President
- VIII - New Mexico Democratic Party
Role F - Executive Director
- X - New Mexico Republican Party
Role G - Executive Director
- XII - New Mexico Conference of Social Workers
Role H - Executive Director
- XIV - New Mexico Public Health Association
Role I - Executive Director
- XVI - Mexican Women's Club
Role J - Executive Director

VALUES

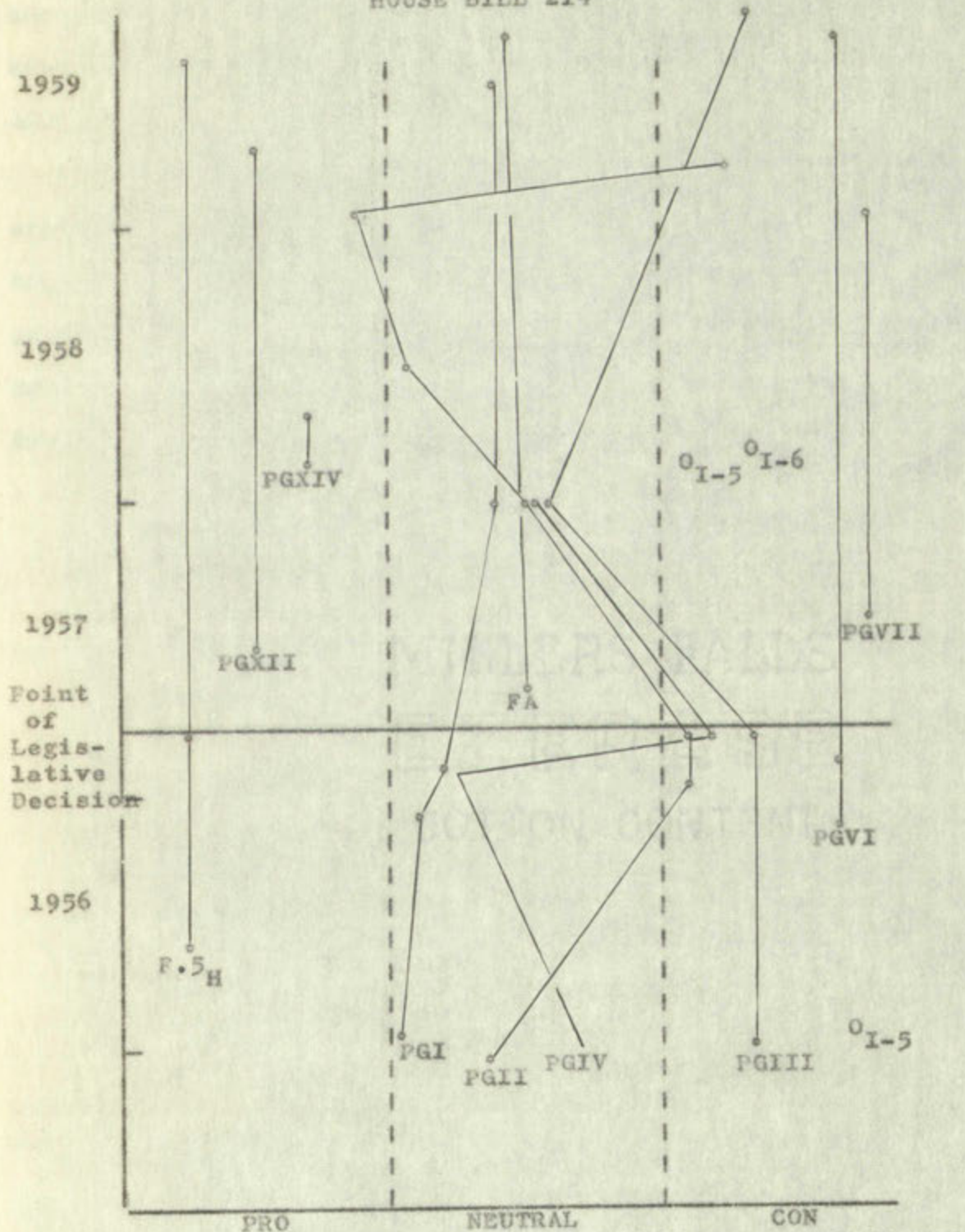
- A - Governor
- B - Representative
- C - Senator
- D - County Clerk
- E - County Judge
- F - County Commissioner
- G - County Assessor
- H - County Treasurer
- I - County Surveyor
- J - County Engineer
- K - County Auditor
- L - County Clerk
- M - County Sheriff
- N - County Jail
- O - County Prison
- P - County Hospital
- Q - County Jail
- R - County Prison
- S - County Hospital
- T - County Jail
- U - County Prison
- V - County Hospital
- W - County Jail
- X - County Prison
- Y - County Hospital
- Z - County Jail

INTERESTS

1. Political patronage in labor-management relations.
2. Shortage of personnel in labor-management relations.
3. Question of working health and safety programs.
4. Trade Union Relations.
5. Labor-Management Report.
6. Influence of New Mexico Legislative Health Board.

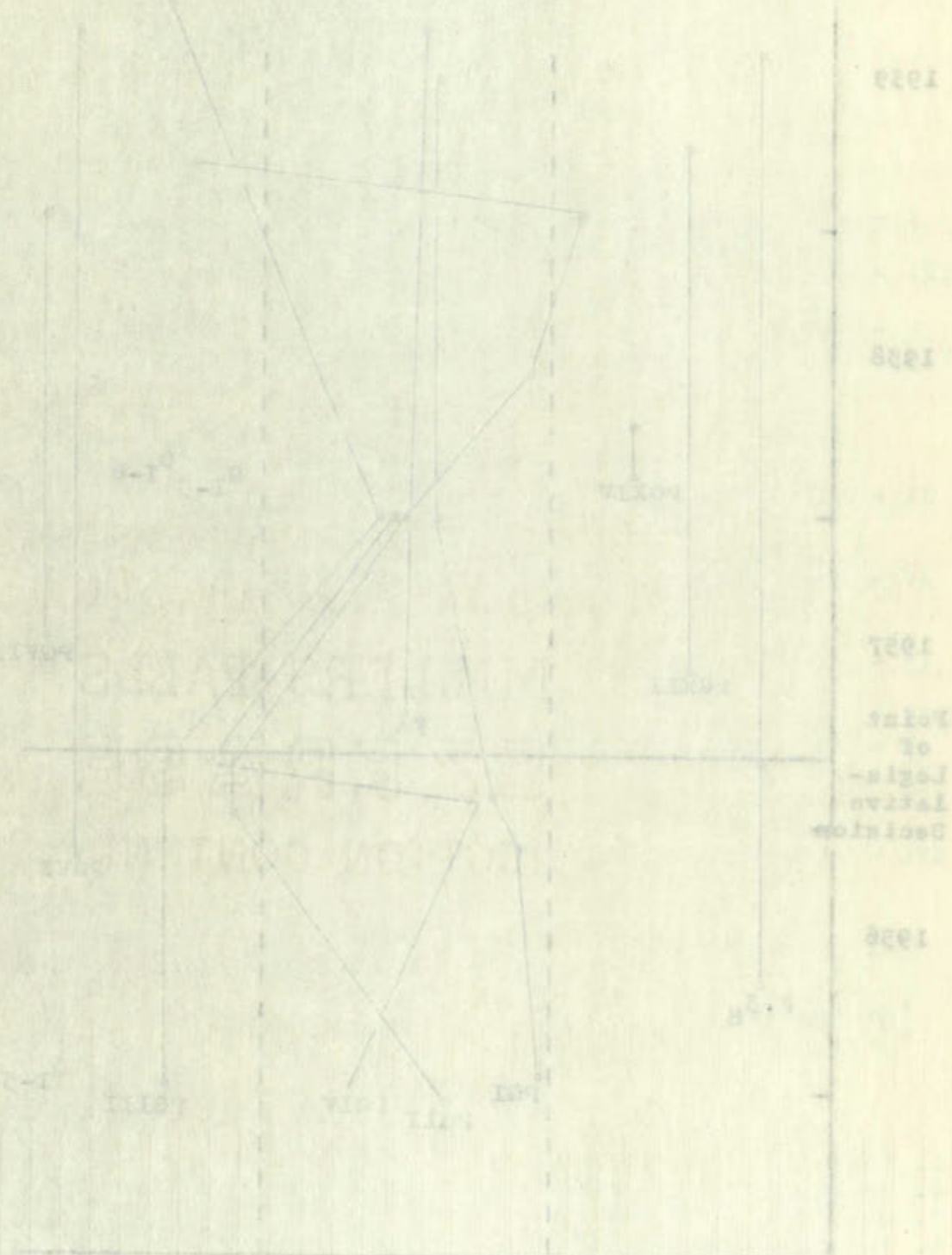
FIGURE 5

POWER STRUCTURE ALIGNMENTS
FOR
HOUSE BILL 214



Legend: PG = Power Group, I = Influence, F 2 Figure
(See Table 8, page 105, for further interpretation).

TABLE 3
 POWER STATION AND
 POWER LINE



Legend: 1. Power line, 2. Power station, 3. Point of legislative decision. (See Table 2, page 102, for further information.)

to the present time. Power Group XII, the New Mexico Conference of Social Welfare, began serious talk about sponsoring a bill for compulsory isolation early in 1957.³³ However, the vote was so close within this group that it did not get effective support at that time.³⁴

Power Group XVI, the Mescalero Women's Club, entered the field early in 1958 and did detailed study of the problem. Their recommendation in April, 1958, was a proposal to amend the regulations adopted by the State Board of Public Health, November 11, 1952, to read as follows:

Section 3. Duties of Health Officers. Whenever any persons known to have, suspected of having, known to be a carrier of, suspected of being a carrier of, or known to have been a contact to a communicable disease shall be found in this State, it shall be the duty of the local health officer having jurisdiction, or his agent, immediately to institute the following measures for the protection of the public health:

(Subsections a through f remain unchanged.)

(g) At the discretion of the Public Health Officer or his agent, to require persons known to have communicable disease to take and remain under treatment until it is determined that the person is no longer dangerous to the public health.

(h) To bring court proceedings for compulsory examination, treatment, and isolation if indicated, against persons refusing to do so voluntarily.³⁵

This action by Power Group XVI was motivated by the problem of local Indian groups finding it difficult to

³³ Interview with Henry Weihofen, President of the New Mexico Conference of Social Welfare, 1957, May 31, 1960.

³⁴ Ibid.

³⁵ Letter from the Mescalero Women's Club to the New Mexico Tuberculosis Association, April, 1958.

to the present time. Lower Group XVI, the New Mexico
Conference of Social Workers, began several talks about
writing a bill for compulsory isolation early in 1935.
However, the vote was no closer with this group than it
did not get effective support at that time.

Lower Group XVI, the American Social Workers,
entered the field early in 1935 and the detailed work of
the problem. Their recommendations in April, 1935, were
proposed to amend the regulations adopted by the State
Board of Public Health, November 17, 1933, to read as

follows:

Section 7. Board of Health. Whenever any
person known to have, and who is, known to be
a carrier of, suspected of being a carrier of, or known
to have been in contact with a communicable disease
shall be found in this State, it shall be the duty of
the local health officer, physician, or other
agent, immediately to report to the local health officer
for the protection of the public health.

(Subsection 4 through 4 remain unchanged.)

(g) At the discretion of the local health officer or
his agent, to require persons known to have a communicable
disease to take and remain under treatment until it is
determined that the person is no longer dangerous to
the public health.

(h) To bring court proceedings for compulsory examina-
tion, treatment, and isolation as required, against
persons refusing to do so voluntarily.

This action by Lower Group XVI was motivated by the
problem of local Indian groups living in isolation to

²⁷ Interview with Henry Johnson, President of the
New Mexico Conference of Social Workers, 1937, p. 11, 1930.

²⁸ 1934.

²⁹ Letter from the Executive Council of the New
Mexico Tuberculosis Association, April, 1935.

accept care. This recommendation, which would have had the same effect as HE 214, was presented to the Federated Women's Clubs at their May meeting, 1958. Further action on the issue is not known to the writer, although it was certainly a motivational factor in subsequent moves made by Power Group II.

In February, 1958, the Summit Conference, mentioned in Chapter 4, served to draw all the major power groups together for the time being. Power Group II dealt positively with the compulsory isolation issue during 1958. At this time a draft of a model was in their hands. Reputedly, this bill was submitted from the Bernalillo County Tuberculosis Association³⁶ and was studied by the Legislative Committee of Power Group II.³⁷ Decision was made at the July 26, 1958, meeting to study the Mescalero Women's Club proposal³⁸ as well as to support the proposed bill. The December 6 meeting brought endorsement of the bill by this committee of Power Group II. On January 16, 1959, a memorandum was sent to all members of the Twenty-Fourth Legislature informing them about the proposed bill. Statement was also made that Power Groups II, III and Influence 6, the New Mexico Tuberculosis Coordinating Council, had endorsed the measure. The

³⁶ Interview with Dan Marley, June 3, 1960.

³⁷ Discussion Draft of "An Act Relating to Public Health; and Providing for Compulsory Isolation of Persons with Infectious Tuberculosis" (in Legislative Committee files, New Mexico Tuberculosis Association, 1958).

³⁸ Minutes of the Legislative Committee Meeting, New Mexico Tuberculosis Association, July 26, 1958 (in the committee files).

acceptance. This recommendation, which would have had the same effect as the bill, was presented to the Committee on Women's Clubs at their meeting on July 1, 1933. Although it was on the agenda, it was not discussed, although it was certainly a controversial topic in subsequent years and of Power Group II.

In February, 1933, the Senate Committee, mentioned in Chapter I, agreed to move all the major power groups together for the time being. Power Group II, which had previously with the compulsory vaccination laws during 1932, at this time a draft of a model law to that effect. The bill was admitted to the Senate on February 10, 1933. The Association³⁶ and was drafted by the Legislative Committee of Power Group II.³⁷ Decision was made on July 10, 1933, meeting to study the proposed Women's Club proposal, as well as to support the proposed bill. The necessary meeting brought endorsement of the bill by the Committee of Power Group II. On January 10, 1933, a resolution was sent to all members of the Twenty-Two Club, asking them about the proposed bill. Statement was also made that Power Groups I, III and IV, and the National Tuberculosis Coordinating Council, had endorsed the measure. The

³⁶ Interview with the author, June 1, 1933.

³⁷ Discussion Draft of "An act relating to vaccination; and providing for compulsory vaccination of persons with infectious diseases" (the Legislative Committee Files, New Mexico Tuberculosis Association, 1933).

³⁸ Minutes of the Legislative Committee, New Mexico Tuberculosis Association, July 10, 1933 (in the Committee Files).

legislators were requested to "study the proposed bill and discuss it with your constituents."³⁹

Power Group XII was moving in support of such a proposal, also. In 1958 its stated purpose was to promote "increased participation in legislative activity as the priority goal for the next two years."⁴⁰ Accordingly, their November 19, 1958, listing included support for "item #3, Recalcitrant TB Patients," sponsored by the New Mexico Tuberculosis Association.⁴¹ Furthermore, an Albuquerque Journal article reports a dinner held at La Fonda Hotel in Santa Fe, on January 22, 1959. The dinner was attended by thirty Senators and sixty Representatives of the Twenty-Fourth Legislature. At that time, the legal counsel for the New Mexico Council of Social Welfare interpreted the issues which the conference had endorsed.⁴²

Power Group XIV also supported this bill in their 1959 activities. Their explanation to their members on January 5, 1959 was as follows:

³⁹Memorandum to the members of the Twenty-Fourth Legislature from the New Mexico Tuberculosis Association, January 16, 1959 (in the files of the association).

⁴⁰Legislative Folder, New Mexico Conference of Social Welfare, 1958 (in the files of the conference).

⁴¹List of Legislation and Sponsors, New Mexico Conference of Social Welfare, 1958 (in the files of the conference).

⁴²Albuquerque Journal, January 22, 1959.

legislators were requested to attend the proposed bill and discuss it with your committee.

Lower Group II was invited to support the proposal, also. In 1958-59 the proposal was so pro- mote "interested participation in legislative activity as the primary goal for the next two years." Accordingly, their November 19, 1958, meeting was held for "Item 13, Reorganization of the Senate," proposed by the New Mexico Legislative Association. The following is a list of Albuquerque Journal articles reported a dinner held at the Santa Fe Hotel in Santa Fe, on January 15, 1959. The dinner was attended by thirty members of the Lower Group and representatives of the Twenty-Ninth Legislature. At that time the legal counsel for the New Mexico Council of Social Welfare interpreted the issues which the committee had endorsed.

Lower Group IV also supported this bill in their 1959 activities. Their explanation to their members on January 2, 1959 was as follows:

-
- 39 Memorandum to the members of the Twenty-Ninth Legislature from the New Mexico Legislative Association, January 16, 1959 (in the files of the Association).
 - 40 Legislative Forum, New Mexico Conference of Social Welfare, 1958 (in the files of the Conference).
 - 41 List of Legislation and Resolutions, New Mexico Conference of Social Welfare, 1958 (in the files of the Conference).
 - 42 Albuquerque Journal, January 20, 1959.

. . . Although existing statutes now permit the isolation of persons with communicable disease, the proposed act would authorize tuberculosis specifically and thereby make such isolation easier to enforce. . . .⁴³

Power Group VII, however, came out in opposition to the bill and advised the Chairman of the Legislative Committee of Power Group II to that effect.⁴⁴ Power Groups IV and VI, so far as is known, did not change the stand they had held on HB 214.

Thus, the ferment which has never resolved itself into a choate need, has served as the background for two legislative proposals, HB 214 and this 1959 proposal. The latter bill cannot be dignified by an official bill designation, however. It was not introduced into the Twenty-Fourth Legislative Session. Power Group II veered sharply to the opposition after the legislative session opened. This could have been due to the influence of the the other power groups, the finding that it was unconstitutional,⁴⁵ or "it was agreed that isolation would be regarded as incarceration and it would be better to handle the whole thing on a casework basis . . ." ⁴⁶ as it was variously interpreted.

⁴³"New Mexico Public Health Association Newsletter," op. cit. II (January 5, 1959).

⁴⁴Letter to Gene Mann from Rodger E. MacQuigg, January 26, 1959.

⁴⁵Interview with Dan Marley, June 3, 1960.

⁴⁶Report from Kay Rose Wood to the New Mexico Conference of Social Welfare, April 3, 1959 (in the files of the conference).

Conditions for enactment of such a measure remain unfavorable after the lapse of three years' time. Here may be a prime example of methods by which goals can be reached in health matters without further legislation. Current legal machinery is indeed serving this purpose at present.⁴⁷ Perhaps a more effective route for achieving control through compulsory isolation does lie in regulatory decision made within existing structures in the state government. Such was the suggestion of the Mescalero Women's Club, Power Group XVI. The problem is not solved, however, and Power Group II resolves to continue "support for passage of and implementation of compulsory isolation."⁴⁸

⁴⁷ Proceedings of the Conference on Compulsory Isolation for Tuberculosis in New Mexico (Santa Fe: New Mexico Tuberculosis Association and New Mexico Department of Public Health, 1960).

⁴⁸ "Program of Work, 1959-60," New Mexico Tuberculosis Association (in the files of the association).

Conditions for...
 unfavorable...
 be a prime example...
 in health matters...
 legal machinery...
 Perhaps a more effective...
 through company...
 ciation made within...
 ment. Such was the...
 Club, Power...
 and Power...
 of and implementation...

MILLERS FALLS
 BZERA
 COTTON

⁴⁷ Proceedings of the...
 Association for...
 Mexico...
 of Public Health, 1933.

⁴⁸ Program of...
 Association...

CHAPTER VI

CONCLUSIONS

The stated purpose of this thesis has been the analysis of selected legislative proposals related to tuberculosis control in New Mexico. The approach to this goal has been the identification of some of the interacting power structures in terms of the force exerted during the time span considered for each proposal. Of special and terminal interest in the case of three of the four proposals was the point of legislative decision. Historical background was used to lend cogency to the study. The findings are a striking example of the complexity of the legislative process. Each group maneuvered from positions of support of and/or opposition to the measures at varying points in time. A brief summary should assist in establishing conclusions. Reference should be made to Table 9, Relative Ranges of Power, to facilitate rapid grasp of these ideas.

Power Group I, the New Mexico Department of Public Welfare, moved from neutrality to strong support, returned to neutrality and to eventual low power support of HB 133. It developed low power support for HB 390. This group was not a part of the power structure of SB 218 and remained neutral throughout the controversy surrounding HB 214.

CHAPTER VI

CONCLUSIONS

The stated purpose of this thesis has been the analysis of selected legislative proposals related to federal control in New Mexico. The approach to this goal has been the identification of some of the interesting power structures in terms of the force exerted during the time span considered for each proposal. Of special and formal interest in the case of three of the four proposals was the point of legislative decision. Historical background was used to lead agency to the study. The findings are a striking example of the complexity of the legislative process. Each group answered from positions of support or and/or opposition to the measure at varying points in time. A brief summary should assist in establishing conclusions. Reference should be made to Table 2, Legislative Ranges of Power, to facilitate rapid grasp of these ideas.

Power Group I, the New Mexico Department of Public Welfare, moved from neutrality to strong support, returned to neutrality and to eventual low power support of HB 121. It developed low power support for HB 122. This Group was not a part of the power structure of HB 123 and remained neutral throughout the controversy surrounding HB 124.

TABLE 9

RELATIVE RANGES OF POWER

Summary: Power Group Alignments,
Illustrated in Figures 2, 3, 4, 5.

Scale = +5 (strongest support) to -5 (strongest opposition)

POWER GROUPS	HB 133				HB 390	SB 218			HB 214				
	'54	'55	'56	'57	'57	'57	'58	'59	'56	'57	'58	'59	
I	4			1	1								
II	5	5	5	5	2		5	5			1	-1	
III				-1	3	4	4	4	-3			-2	
IV	3			-5	4			3		-2		-2	
V	1												
VI			-5	-5	5					-4	-4	-4	-4
VII						1	1				-5	-5	
VIII	2				2								
X													
XII											3	3	
XIV												4	
XVI											3		
OTHER													
FA	-2				1			1					
F5 _H										5			
TOTALS	13	5	0	+5	18	5	10	13	-7	+1	-2	+11	

TABLE 7

RELATIVE RANKS OF THE 20

Summary: Power Group AT (Group 1)
Illustrated in Figure 1, 2, 3, 4, 5.

Scale +5 (strongest support) to -5 (strongest opposition)

POWER GROUPS	HB 122		HB 300		HB 310		HB 311	
I	4	1	1					
II	3	2	2					
III		-1	3					
IV	2	-2	4					
V	1							
VI		-2	2					
VII					1	1		
VIII	2		1					
IX								
X								
XI								
XII								
XIII								
XIV								
XV								
XVI								
XVII								
XVIII								
XIX								
XX								
TOTALS	15	0	18	2	10	12	17	11

Power Group II, the New Mexico Tuberculosis Association, stood staunchly in favor of HB 133 during its four year development period. It swung to unenthusiastic support of HB 390 when this became necessary. This support grew as SB 218 gave the New Mexico Tuberculosis Hospitals Board more power. With respect to HB 214, this group has opposed or stood neutral on the issue except for a brief time in late 1958.

Power Group III, the New Mexico Department of Public Health, took a neutral stand upon HB 133, moving to low power opposition at the time of its passage. It rather strongly favored HB 390 and even more strongly supported SB 218, being one of the earliest groups to recognize the need for this bill. It wavered between neutrality and fairly low power opposition to HB 214.

Power Group IV, the New Mexico Medical Society, favored HB 133 in 1954. The group moved through neutrality to extremely strong opposition to HB 133. It favored, in fact, sponsored, the draft of HB 390 and gave moderate support to SB 218 just before its enactment. The group exhibited neutrality toward HB 214 during the non-legislative session years and low-powered opposition during the legislative years although this group favors compulsory isolation in principle.

Power Group V, The Department of Finance, weakly favored HB 133 in 1954 and early 1955. Its influence on the other measures was either not registered within the

lowest group, the new group, the...
tion, stood...
year development...
of 18 300 when...
as 28 318...
more power...
or stood...
late 1958.

power group...
Health, took...
power...
strongly...
28 318, being...
need for...
fairly low...
power...

Power Group...
favored...
to extremely...
fact, sponsored...
support to...
exhibited...
five...
legislative...
isolation in...

Power Group...
favored...
the other...
CUTTING...
MILLERS...
WATER...

boundaries of the study or was neutral with respect to HB 390, SB 218, and HB 214.

Power Group VI, the New Mexico Trudeau Society, strongly opposed HB 133. The group gave strongest possible support to HB 390, chose neutrality on SB 218 and gave fairly strong opposition to HB 214 during the four years included in the bill analysis.

Power Group VII, the New Mexico Tuberculosis Hospitals Board, did not exist at the time of HB 133 and HB 390. It weakly favored SB 218 in terms of power exerted during the alignment of the power structures. It, however, remained neutral at the time of legislative decision. The group took a strong oppositive stand to compulsory isolation in the years following the defeat of HB 214.

In 1956, Power Group VIII, the New Mexico Democratic Party, favored action of some sort to alleviate conditions in tuberculosis hospitals and therefore favored HB 133 weakly. However, its neutrality was retained in all subsequent campaigns since that time. Power Group X, the New Mexico Republican Party, has apparently not expressed its stand on any of the bills analysed and was, therefore, classified as neutral.

Power Group XII, the New Mexico Conference of Social Welfare, exerted no power in the Twenty-Third Session and did not influence the fate of SB 218. It has been a moderately active proponent of compulsory isolation exerting

boarder of the study...
MS 350, MS 310, and MS 315...
Lower Group V, the New Mexico...
strongly opposed MS 315...
support to MS 350...
fairly strong opposition to MS 315...
included in the bill...
Power Group VII, the New Mexico...
State Board, did not exist at the time of MS 315...
MS 350. It weakly favored MS 315...
during the alignment of the power...
remained neutral at the time of...
Group took a strong...
in the years following the...
In 1935, Power Group VII, the New Mexico...
Party, favored...
in tuberculosis hospitals and...
weakly. However, the...
request campaign since that time...
Mexico Republican Party, has...
stand on any of the bills...
classified as neutral...
Power Group VII, the New Mexico...
Welfare, exerted no power...
did not influence the...
moderately active proponents of the...

this influence since the introduction of HB 214. The activities of Power Group XIV, the New Mexico Public Health Association, are documented only for the Twenty-Fourth Legislative Session. Here, the group expended no effort on behalf of SB 218. Although it had no influence on HB 214, the group supported the compulsory isolation measure prepared for the twenty-fourth session.

Power Group XVI, the Mescalero Women's Club, was active after the Twenty-Third Legislative Session in its efforts to support compulsory isolation legislation. The recommendations of this group for regulation within existing structures appeared to be a factor in the stand taken by central power groups in 1959.

Of the political Figures, less influence was exerted than might have been expected. Figure A, the Governor, did "turn the tide," apparently, against the merger question in 1955. In 1957, he was known to favor HB 390 and SB 218. He maintained his neutrality on HB 214. The county chairman's influence did not seem to permeate into the area defined for this study. Figures 1_H, 2_H, 3_H, 4_H, and 5_H as well as Figures 1_S, 2_S, 3_S, 4_S, 5_S, and 6_S played roles of a nature consonant with routine duties pursuant to their roles as members of the legislature. Figure 5_H, Representative Thomas G. Morris, held, of course, a key role in HB 214.

Before concluding remarks are made, reiteration must be made that the study is an abstraction with many un-

This influence along the entire... activities of lower... Health Association, are... fourth legislative session... effort on behalf of... on HR 214, the group... measure prepared for... Power Group VII, the... active since the twenty... efforts to support... recommendations of this... structure appeared to... central power groups in 1955.

Of the political... erred then might have... did "turn the tide,"... in 1955. In 1957, he... He maintained his... man's influence did... defined for this study... as figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

HR 214.

Before concluding... be made that the study is...

identified factors which could alter the findings. Construction of the power models, Figures 2, 3, 4, and 5, as well as Table of Ranges of Power, involved the use of value judgements of the writer. Interviewee judgements also affected the assessment of relative power exerted by the various groups. Therefore a comparative rather than a precise scale of measure is provided by the study data.

In the consideration of HB 133 several conclusions can be drawn. The determining power holders were Power Groups IV and VI. A prime factor recognized in the study was that medical groups hold the greatest influence in matters of tuberculosis legislation in New Mexico. It is interesting to observe that power Groups I and III balance each other's power completely according to the presentation in Table 9. This is according to the facts and seems to demonstrate that strong stands were not considered wise by these two groups. The relation of Power Groups II and VI is also interesting. Power Group VI is a branch of Power Group II and yet was able to neutralize the strong stand of Power Group II. Of course, Power Group IV also had enough power to neutralize that of Power Group II.

According to Table 9, Figure A could have influenced the vote on HB 133 in the affirmative. His five-point support could have neutralized the power against the bill and surely influenced the official agency stand enough to have changed the picture. A few legislative figures could have destroyed all the structural power involved. Legislative

identified factors which could affect the findings. The
 structure of the power models, Figure 2, and the
 well as Table of Range of Power, involved in the
 value judgments of the writer. In addition, the
 also affected the assessment of relative power exerted by
 the various groups. Therefore a comparative rather than
 a precise scale of measure is provided by the study data.

In the consideration of HB 155 several conclusions

can be drawn. The determining power holders were
 Groups IV and VI. A prime factor recognized in the study
 was that medical groups hold the greatest influence in
 matters of tuberculosis legislation in New Mexico. It is
 interesting to observe that power groups I and III balance
 each other's power completely according to the presentation
 in Table 9. This is according to the facts and seems to
 demonstrate that strong stands were not considered since by
 these two groups. The relation of power groups II and VI
 is also interesting. Power group VI is a group of lower
 group II and yet was able to determine the strong stand
 of lower group II. Of course, lower group IV also had
 enough power to maintain its stand of power group II.

According to Table 9, Figure 2 could have influenced

the vote on HB 155 in the alternative. His vote-point
 support could have centralized the power against the bill
 and surely influenced the official agency stand. It could
 have changed the picture. A few legislative figures could
 have destroyed all the structural power involved. Legislative

tendency to follow expert advisors kept this power potential out of the picture. However, great power can be exerted by an individual within a group, as well as by the group itself.

HB 133 must be kept in the background for complete understanding of the power alignment for HB 390. With HB 390, a compromise developed under tremendous pressures created by the defeat of one bill, moderate hostility within power groups because of the defeat, and the imperatives of the need to effect some change toward improvement. Power Group I kept its same degree of support as that seen in connection with HB 133. Power Group II's support was reduced somewhat because HB 133 was its choice. Power Group III swung to moderate support for HB 390. Power Groups IV and VI exhibited tremendous shifts in their varying stand upon the two bills. These two medical groups show a 9 and 10 point swing, respectively, from negative to positive on the range scale.

It will be recalled that SB 218 was studied to determine whether political administrative changes made a difference. Reference to Figure 4 illustrates that no new power was exerted, and that there was no effective opposition. Caution must be taken to recall, however, that this was a matter of balance. In other words, much work was done to meet the needs of any known opposition before the measure was brought to the legislature. Any one of the power groups or role-holders therein could have

tendency to follow... out of the picture... an individual... itself... Mr. [Name]... understanding of the... 1950, a... created by the... within power... derivatives of the... government... that seen in... support was... Power Group III... Power Group IV... their varying... Groups show a... negative to positive... It will be... determine whether... a difference... new power was... opposition... that this was... work was done... before the... one of the power groups...

drastically altered matters.

HB 214 is an example of the outcome when the power structure is not aligned to support a bill. Primarily, also, the need itself is not clearly identified. The major power groups, which usually support tuberculosis legislation, were opposed to it. This is not to say that these groups are all-powerful because of the legislative structure in New Mexico. Rather, the operation of the legislative process, as it has been reviewed, supports this conclusion. A careful draft of a bill, based on research and a need recognized by a legislator, but without support of the power groups, could not be enacted.

The consideration of comparative group activity as the generator of power in legislation has provided a scale upon which to base evaluation. It has been possible to demonstrate clearly that the stand taken by various groups is a major factor in the legislative process. The following conclusive ideas are supported by data in the study.

First, the power of the governor, if exercised, is very important. In these health matters, he has the power of legislative veto, both general and line item. He has the power of appointment thereby directly influencing Power Groups I, III, V, and VII. This is a significant power when one considers the fact that Role A within these structures was the active and often determinant force. Perhaps those interested in future tuberculosis legislation should be cognizant of such fact. Is the

drastically altered matters.

HD 316 is an example of the outcome when the house

structure is not aligned to support a bill. Originally,

also, the need itself is not clearly identified. The major

power groups, which usually are of economic or political

were opposed to it. This is not to say that these groups

are all-powerful because of the fact that no legislation is

New Mexico. Hence, the operation of the legislative

process, as it has been reviewed, supports this conclusion.

A careful draft of a bill, based on research and a need

recognized by a legislator, but without support of the

power groups, could not be enacted.

The consideration of corporate tax matters

the generator of power in legislative process is not

upon which to base evaluation. It has been found that

demonstrate clearly that the involvement of various groups

is a major factor in the legislative process. The following

conclusive ideas are supported by data in this study.

First, the power of the governor is exercised.

very important. In these health matters, he has the

power of legislative veto, both general and line item.

He has the power of appointment and removal of line-

ing power groups. In fact, he has the power to

cancel power when one committee and the fact that these

these attributes are the active and often dominating

force. Perhaps these attributes in terms of legislative

legislation should be considered as such.

governor well-informed about tuberculosis? Will future programs have support based on enlightened gubernatorial influence?

Second, the potential power of the legislators is almost unlimited. One is forced to speculate about the belief in our culture that lay people cannot make optimum decisions about health without guidance, rather blindly followed, from professional people. Interviewee statements reflected such an opinion again and again. Is health so mysterious? Must it be categorized in the mind as something too technical to be understood by the average individual?

Third, the decisive power of medical groups is demonstrated. Sound, coordinated, professionally conceived planning could lie back of New Mexico's tuberculosis control program. The study shows great swings in support, however. Support, or opposition, was often rallied for a certain "cause" just weeks or days before the decision was made. The lack of internal unity in the medical power groups was also a factor. A few spokesmen voice the opinion for the group, yet many within the group do not agree with the spokesmen. Some are in direct opposition. Others plead for a new and visionary plan like Papworth Village in England which would provide economic security and isolation for victims of tuberculosis.¹

¹Interview with Joseph Gordon, Member, New Mexico Tuberculosis Association, June 8, 1960.

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¹ Interview with Joseph Gordon, Director, New Mexico Tuberculosis Association, June 8, 1964.

Improved liaison within medical groups and between these groups and others seems urgent. The public health approach to tuberculosis control, unclear to some members of the medical groups, might serve as a useful educational device.

Fourth, the power of the promotional voluntary health agency is clearly illustrated. Long-range planning and patient maneuver toward desired goals characterizes the activity of such an organization. The vital role played by the Executive Director or Executive Secretary is also demonstrated. Without this officer, the voluntary health agency finds itself handicapped in developing a dynamic legislative program.

Fifth, the value of studies and pronouncements is illustrated. The Public Health and Public Welfare merger question, as incorporated in the Welfare Investigating Committee report, provided an unfavorable climate for the proposed public health department control of the tuberculosis hospitals. Without this issue, the structure for HB 133 could have been quite different, indeed. The Trudeau Resolution strongly influenced the wavering medical groups during decisive months regarding tuberculosis hospitals control. The Zahn-Northrop report has become a blueprint for New Mexico tuberculosis control.

Sixth, super-structures, such as the New Mexico Conference of Social Welfare and the New Mexico Tuberculosis Coordinating Council, can provide support. Activity of such groups seems to be characterized by a slowness in getting

improved liaison within medical groups and research groups
 groups and clinical research groups. The clinical research groups
 to laboratory research, clinical research, research in
 medical groups, and research in clinical research groups.
 Fourth, the scope of the program will be
 health agency is clearly delineated. The program will
 and training however toward those of research groups and
 activity of each an organization. The program will be
 by the Executive Director of research groups, as also
 demonstrated. At least this office, the Executive Director
 agency funds itself through the program, and the program
 legislative program. The program will be
 Fifth, the value of the program, research groups is
 illustrated. The program will be
 question, as incorporated in the program, research groups
 Committee report, provided an advisory committee for the
 proposed public health department control of the research
 local hospitals. The program will be
 NB 122 could have been done in the program, research groups
 Tribune. Research groups will be
 groups during health research groups, research groups
 this control. The program will be
 plan for New Mexico laboratory, research groups
 Sixth, experiments, research groups, research groups
 Conference of Social Health and the program, research groups
 Coordinating Council, and review groups. The program will be
 groups to be conducted in the program, research groups

organized and developing effective legislative activity. These super-structures are built upon the framework of existing community structures which means that the same key role-holders function in both organizations. Dissipation of role-holder energies is the result and effective power is not created rapidly. Such super-structures are a valuable coordinating tool if these role-holders are free to fulfill the potential of the dual roles held.

Seventh, a small, determined group can and does influence the movement by and within major power structures. This is exemplified by the activity of the Mescalero Women's Club. Their study and recommendations have brought compulsory isolation sooner than the use of the legislative process has done. The best traditions of democracy are inherent in the work of this group.

That power groupings must be used to bring legislative enactment for New Mexico tuberculosis control is clear. That possible group combinations for erection of a power structure are innumerable is also clear. The most striking fact seen in the study is that these structures are entirely dependent upon individual role-holder's notions. Therefore, to achieve a dynamic, effective program, information must reach as many people as possible. Let them learn about tuberculosis and its control. When the time comes, enlightened interpretation of their roles will bring better control measures for the citizens of New Mexico.

organized and developing an early, regular, and
These super-structures are built upon the foundation of
existing community structures which are the basis of
key role-holders function in the community. Most of
of role-holders are either in the family or in the community
are created rigidly. Both super-structures are
coordinating tool if these structures are to be
The potential of the dual structure is
seventeenth, a small, but significant, number
influence the movement of the community. This is
This is exemplified by the activity of the Technical
Club. Their study and recommendations have been
very useful in the past. The use of the Technical
Club has been. The past tradition of community
parent in the work of the club.
That your program was helpful to the
active enrollment for the Technical Club is
clear. That possible strong coordination and
power structure are inseparable in the club. The
striking fact seen in the study is that the
are entirely dependent upon individual role-holders
national. Therefore, to achieve a national
program, role-holders must be encouraged to
let them learn about responsibilities in the
the club power, and to learn the importance of
will bring better control means for the club.

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APPENDIX A. INTERVIEW SCHEDULES

SCHEDULE I

GOVERNMENT AGENCIES

(Interview with Director)

1. Relations with the governor.

- a. Does the work of your office take you to the Governor's office often? How often?
- b. To deal with what general matters?
- c. Did you discuss any of the bills being studied with the governor? Anyone in your department? He with you?
- d. What other sources of information do you believe he had regarding these bills? Any delegations which met? Any legislators who were influential? Any part or full-time lobbyists?

2. Relations with the legislature.

- a. How would you characterize the relations between your department and the House? the Senate?
- b. What liaison or communication devices have you? Brochures? Letters? Conferences? Luncheon meetings? Other?
- c. Which of the following legislators would you characterize as interested in the goals of your agency? (enumerate committee members, legislative leaders). Can you tell me anything about these men?

3. Evaluation of the agency's activity.

- a. In addition to the above activity would you care to tell me about other action your agency took with respect to these bills?

4. Evaluation of forces at work.

- a. Do you recall any interesting incidents with relation to HB 133, HB 214, HB 390, and SB 218?

APPENDIX A. INTERVIEW SCHEDULES

SCHEDULE I

GOVERNMENT AGENCIES

(Interview with Director)

I. Relations with the Governor.

- a. Does the work of your office take you to the Governor's office often? How often?
- b. To deal with what general matters?
- c. Did you discuss any of the bills being studied with the Governor? Anyone in your department? If with whom?
- d. What other sources of information do you believe he had regarding these bills? Any delegations? Any legislators who were influential? Any part or full-time lobbyists?

II. Relations with the Legislature.

- a. How would you characterize the relations between your department and the House? The Senate?
- b. What liaison or communication devices have you? (Brochures? Letters? Conferences? Luncheon meetings? Other?)
- c. Which of the following legislators would you characterize as interested in the goals of your agency? (Numerous committee members, legislative leaders). Can you tell me anything about these men?

3. Evaluation of the agency's activity.

- a. In addition to the above activity would you care to tell me about other action your agency took with respect to these bills?

4. Evaluation of trends in work.

- a. Do you recall any interesting incidents with relation to HB 175, HB 215, HB 200, and SB 218?

- b. Do you recall groups or individuals who helped with the work related to these bills?
- c. Would you care to speculate upon why the (particular) bill failed to pass? or passed?

SCHEDULE II

PRIVATE ORGANIZATIONS

(Interview with President or key person such as the executive secretary).

1. Interpretation of organization data.
 - a. Would you please explain briefly how the structure of your organization functions?
2. Interpretation of activity in tuberculosis control.
 - a. How would you characterize the work done by your group with respect to tuberculosis control?
3. Action taken by organization re: HB 133, HB 214, HB 390, and SB 218.
 - a. Could you briefly explain the action, if any, your organization took with respect to each of these bills? Groups which worked on them? Individuals? Tools used? Strategy?
4. Assessment of forces at work.
 - a. Do you recall additional interesting incidents with respect to these bills?
 - b. What about individuals or groups who worked on them?
 - c. Would you care to speculate upon why the (particular) bill failed to pass? or passed?

SCHEDULE III

INDIVIDUALS

1. Review of bills in question.

- b. Do you recall groups or individuals who helped with the work related to these bills?
- c. Would you care to speculate upon why the (particular) bill failed to pass or passed?

SCHEDULE II

PRIVATE ORGANIZATIONS

(Interview with President or key person such as the executive secretary.)

1. Integration of organization data.
 - a. Would you please explain briefly how the structure of your organization functions?
2. Integration of activity in legislative context.
 - a. How would you characterize the work done by your group with respect to legislative activity?
3. Action taken by organization re: HR 1390, HR 1391, HR 1392, and HR 1393.
 - a. Could you briefly explain the action of your organization with respect to each of these bills? (What was the strategy of individuals? To what results?)
4. Assessment of forces at work.
 - a. Do you recall additional interesting incidents with respect to these bills?
 - b. What about individuals or groups who worked on them?
 - c. Would you care to speculate upon why the (particular) bill failed to pass or passed?

SCHEDULE III

INDIVIDUALS

1. Review of bills in question.

2. Evaluation of role and attitude toward it.

- a. What part did you play in the enactment (or defeat) of this legislation?
- b. Just checking now, your _____ (membership, chairmanship, or whatever) was because _____ (political appointment, etc.)?
- c. Did you find this role rewarding?

3. Recollection regarding these bills.

- a. How did you learn about them?
- b. What was your reaction to them?
- c. Was your mind changed with respect to this initial reaction?

4. Idea of forces at work.

- a. Do you recall additional interesting incidents with respect to these bills?
- b. What about individuals or groups who worked on them?
- c. Would you care to speculate upon why the (particular) bill failed to pass? or passed?

3. Evaluation of role and attitude toward it.
- What part did you play in the enactment (or defeat) of this legislation?
 - Just checking now, your _____ (membership, chairmanship, or whatever) was because _____ (political appointment, etc.)?
 - Did you find this role rewarding?
3. Recollection regarding these bills.
- How did you learn about them?
 - What was your reaction to them?
 - Was your mind changed with respect to this initial reaction?
4. Idea of forces at work.
- Do you recall additional interesting incidents with respect to these bills?
 - What about individuals or groups who worked on them?
 - Would you care to speculate upon why the (particular) bill failed to pass? or passed?

APPENDIX B. FEDERAL GRANT ALLOCATIONS TO NEW MEXICO FOR
TUBERCULOSIS CONTROL

Twenty-

Refers

	<u>Fiscal Year</u>	<u>Allocation</u>
	1945	\$10,129
	1946	36,524
	1947	48,524
RELATIVE	1948	47,971
PROVIDE	1949	47,986
PUBLIC	1950	47,466
See	1951	43,100
	1952	42,000
have the	1953	39,000
plans	1954	31,500
hospital	1955	33,200
sanitary	1956	32,900
	1957	32,400
have	1958	34,000
the	1959	31,700
regional	1960	31,300
and		

to July 1,

APPENDIX B. FEDERAL BUDGET AND RECEIPTS OF THE DEPARTMENT OF AGRICULTURE
 FISCAL YEARS 1900-1960

<u>Fiscal Year</u>	<u>Receipts</u>
1900	1,000,000
1901	1,000,000
1902	1,000,000
1903	1,000,000
1904	1,000,000
1905	1,000,000
1906	1,000,000
1907	1,000,000
1908	1,000,000
1909	1,000,000
1910	1,000,000
1911	1,000,000
1912	1,000,000
1913	1,000,000
1914	1,000,000
1915	1,000,000
1916	1,000,000
1917	1,000,000
1918	1,000,000
1919	1,000,000
1920	1,000,000
1921	1,000,000
1922	1,000,000
1923	1,000,000
1924	1,000,000
1925	1,000,000
1926	1,000,000
1927	1,000,000
1928	1,000,000
1929	1,000,000
1930	1,000,000

MILLERS FALLS
 BUREAU OF AGRICULTURE
 COTTON CONTENT

APPENDIX C. PROVISIONS OF BILLS ANALYSED

Twenty-Third Legislature

State of New Mexico

Referred to Public Affairs and Military Affairs Committee

HOUSE BILL NO: 133Introduced by:
Mack EasleyAN ACT

RELATING TO PUBLIC TUBERCULOSIS HOSPITALS AND FACILITIES;
PROVIDING FOR CONTROL AND MANAGEMENT BY THE STATE BOARD OF
PUBLIC HEALTH.

Be It Enacted by the Legislature of the State of New Mexico:

Section 1. The state board of public health shall have the control and management of public tuberculosis hospitals and facilities for treatment of public tuberculosis hospital patients in private or semi-private hospitals and sanitoria.

Section 2. The state board of public health shall have power to adopt all necessary regulations incident to the exercise of the power conferred in Section 1, including regulations relating to admission of patients, their treatment and discharge.

Section 3. The effective date of this act shall be July 1, 1957.

APPENDIX C. PROVISIONS OF BILLS ANALYZED

Twenty-third Legislature
 State of New Mexico
 Referred to Public Affairs and Military Affairs Committee

HOUSE BILL NO. 122

Introduced by:
 Mark Samsky

AN ACT

RELATING TO PUBLIC TUBERCULOSIS HOSPITALS AND FACILITIES;
 PROVIDING FOR CONTROL AND MANAGEMENT BY THE STATE BOARD OF
 PUBLIC HEALTH.

Be it enacted by the Legislature of the State of New Mexico:

Section 1. The state board of public health shall have the control and management of public tuberculosis hospitals and facilities for treatment of public tuberculosis hospital patients in private or semi-private hospitals and sanitariums.

Section 2. The state board of public health shall have power to adopt all necessary regulations incident to the exercise of the power conferred in section 1, including regulations relating to admission of patients, their treatment and discharge.

Section 3. The effective date of this act shall be July 1, 1957.

Twenty-Third Legislature

State of New Mexico

Referred to Appropriations and Finance Committee

HOUSE BILL NO. 214Introduced by:
Thomas G. MorrisAN ACTRELATING TO PUBLIC HEALTH; PROVIDING FOR THE CARE OF
TUBERCULOSIS VICTIMS; MAKING AN APPROPRIATION.Be It Enacted by the Legislature of the State of New Mexico:

Section 1. When a physician has a person under his treatment for tuberculosis he shall report to the state board of health, on forms furnished by the board, full particulars as to such person, within seven days after the date on which the diagnosis is ascertained correct. If a municipality requires that a physician report a patient under his treatment for tuberculosis to the board of health of the municipality, the local board shall make a report to the state board of health on forms furnished by the state board, not later than the fifth day of each month showing full particulars of such reports made during the preceding month.

Section 2. A health officer, who has information that a patient does by his conduct or mode of living endanger the health and well-being of his family or other persons, shall make a report to the state board of health. The report shall state the name and address of the patient and a summary of the health officer's information. If upon examination of the report the state board shall have reasonable

HOUSE BILL NO. 113

Enacted and approved by the Legislature on the 15th day of March, 1915.

SECTION 1

RELATING TO TUBERCULOSIS; PROVIDING FOR THE CARE OF TUBERCULOUS VICTIMS; MAKING AN APPOINTMENT...

Be it enacted by the Legislature of the State of Oregon...

Section 1. When a physician has been notified by the board of health, or some other authority, that a patient is suffering from tuberculosis, and that the patient is unable to support himself, the physician shall make a report to the board of health of the municipality, the local board shall make a report to the state board of health on forms provided by the state board, not later than the fifth day of each month following the date of such report, and such reports shall be made at least once each month.

Section 2. A health officer, or some other authority, that a patient does by his conduct or want of proper care, the health and well-being of his family or other persons, shall make a report to the state board of health. The report shall state the name and address of the patient, the name of the health officer's jurisdiction, the date of the report, the state board shall cause to be made a copy of the report of the report the state board shall cause to be made...

cause to believe that the patient is infected with tuberculosis in the infectious stage and does by his conduct or mode of living endanger the health and well-being of his family or other persons, it shall request the district attorney of the district wherein the patient resides to file a petition in the district court for the involuntary commitment of patient if such patient refuses to voluntarily accept treatment in a tuberculosis sanatorium or public hospital.

Section 3. (a) Proceedings for involuntary hospitalization of an individual may be commenced by the filing of a written application with the district court by the district attorney upon the request of the health officer or the state board of health. Any such application shall be accompanied by a certificate of the health officer or the state board of health that they are of the opinion that the individual is infected with tuberculosis in the infectious stage and should be hospitalized.

(b) Upon receipt of an application, the court shall give notice thereof to the proposed patient. Notice shall be served in the same manner as service of summons. Notice shall state the nature of the hearing and fix the day for hearing, which shall be not less than five nor more than fifteen from date of service.

(c) If the court deems it advisable, it may prior to hearing order an examination of the patient by a board of three duly licensed doctors of medicine to determine

cause to believe that the patient is infected with tuber-
culosis in the infectious stage and does by his conduct or
mode of living endanger the health and well-being of his
family or other persons, it shall request the district
attorney of the district wherein the patient resides to
file a petition in the district court for the involuntary
commitment of patient if such patient refuses to voluntarily
accept treatment in a tuberculosis sanatorium or public
hospital.

Section 3. (a) Proceedings for involuntary hospital-
ization of an individual may be commenced by the filing of
a written application with the district court by the district
attorney upon the request of the health officer of the state
board of health. Any such application shall be accompanied
by a certificate of the health officer of the state board
of health that they are of the opinion that the individual
is infected with tuberculosis in the infectious stage and
should be hospitalized.

(b) Upon receipt of an application, the court shall
give notice thereof to the proposed patient. Notice shall
be served in the same manner as service of summons. Notice
shall state the nature of the hearing and fix the day for
hearing, which shall be not less than five nor more than
fifteen days after date of service.

(c) If the court deems it advisable, it may order
to hearing order an examination of the patient by a board
of three duly licensed doctors of medicine to determine

whether or not he is afflicted with tuberculosis in the infectious stage. The patient shall be given three days notice of such examination, and shall be entitled to have his physician present at such examination. The board appointed shall examine the patient at the time and place designated by the court, and shall make a written report of its findings. If the findings are positive, at least one of the examiners shall appear at the hearing and give testimony.

(d) The patient and other interested persons shall be afforded an opportunity to appear at the hearing to testify and to present and cross examine witnesses, and the court may in its discretion receive the testimony of any other person. The hearings shall be conducted in as informal a manner as may be consistent with orderly procedure. The court shall receive all relevant and material evidence which may be offered and shall not be bound by rules of evidence. An opportunity to be represented by counsel shall be offered to every proposed patient, and if neither he nor others provide counsel the court shall appoint counsel.

(e) If upon completion of the hearing and consideration of the records, the court finds that the proposed patient is afflicted with tuberculosis in the infectious stage and that the patient by his conduct or mode of living endangers the health and well-being of his family or other persons, and it is in the best interest of the patient, his family or the public that the patient should be

whether or not he is afflicted with tuberculosis in the infectious stage. The patient shall be advised of the nature of such examination, and shall be advised of the right to refuse or to consent to such examination. The physician shall examine the patient at the time and place designated by the court, and shall submit a report of his findings. If the findings are unfavorable, the court may of its own motion or upon application of the patient or any other party, order the patient to be committed to a hospital for treatment.

(d) The patient and other interested persons shall be afforded an opportunity to appear at the hearing to testify and to present and cross-examine witnesses, and the court may in its discretion receive the testimony of any other person. The hearing shall be conducted in a confidential manner as may be consistent with orderly procedure. The court shall receive all relevant and material evidence which may be offered and shall not be bound by rules of evidence. An opportunity to be represented by counsel shall be afforded to every proposed patient, and if neither he nor his representative counsel the court shall appoint counsel.

(e) If upon completion of the hearing the court finds that the records, the court shall cause the records to be filed with the clerk of the court, and the patient is afflicted with tuberculosis in the infectious stage and that the patient by his conduct is likely to endanger the health and well-being of the public or other persons, and if in the best interest of the patient and his family or the public health the court shall order

committed to a tuberculosis sanatorium or public hospital, such commitment shall be issued.

(f) The commitment shall be issued in duplicate and direct the sheriff to deliver the patient to the care and custody of the superintendent of a tuberculosis or public hospital therein named. The patient shall be committed until discharged from the hospital by the superintendent or chief medical officer when his discharge will not endanger the health of any other person. The court may discharge the patient upon petition of the patient.

Section 4. At the hearing the judge shall determine the financial ability of the patient to pay for the treatment and shall by order make this determination. If the patient is able in whole or in part to pay for the cost of his care, treatment and maintenance, he shall be ordered to make the payments to the hospital in which he is confined. If after commitment and prior to discharge a patient shall become financially able to pay for his care, treatment and maintenance, the court which committed the patient shall order that payments be made to the hospital to which the patient is committed.

Section 5. All tests which are necessary to determine whether the patient is infected with tuberculosis in the infectious stage shall be paid for from the funds of the state department of public health, and to defray this expense there is appropriated the sum of

committed to a tuberculosis sanatorium or public hospital,
such commitment shall be issued.

(2) The commitment shall be issued in duplicate and
direct the sheriff to deliver the patient to the care and
custody of the superintendent of a tuberculosis or public
hospital therein named. The patient shall be committed
until discharged from the hospital by the superintendent or
chief medical officer when his discharge will not endanger
the health of any other person. The court may discharge the
patient upon petition of the patient.

Section 4. At the hearing the judge shall determine
the financial ability of the patient to pay for the treat-
ment and shall by order make this determination. If the
patient is able in whole or in part to pay for the cost of
his care, treatment and maintenance, he shall be ordered to
make the payments to the hospital in which he is confined.
If after commitment and prior to discharge a patient shall
become financially able to pay for his care, treatment and
maintenance, the court which committed the patient shall
order that payments be made to the hospital in which the
patient is committed.

Section 5. All fees which are necessary to deter-
mine whether the patient is infected with tuberculosis in the
infectious stage shall be paid for from the funds of the
state department of public health, and no delay shall ex-
pense there is appropriated the sum of

Twenty-Third Legislature

State of New Mexico

Referred to Appropriations and Finance Committee

HOUSE BILL NO: 390

Introduced by:

House Public Affairs Committee

AN ACT

RELATING TO STATE TUBERCULOSIS HOSPITALS; PROVIDING FOR A STATE TUBERCULOSIS HOSPITALS' BOARD AND DEFINING ITS DUTIES; AND MAKING AN APPROPRIATION.

Be It Enacted by the Legislature of the State of New Mexico:

Section 1. STATE TUBERCULOSIS HOSPITALS' BOARD CREATED. --In order to provide proper care and treatment for the residents of the state of New Mexico and make available therefor proper facilities for the treatment of patients, there is hereby created the state tuberculosis hospitals' board. The board of directors, who, with their successors, shall constitute a body corporate under such name and style.

Section 2. BOARD OF DIRECTORS --MEMBERS --APPOINTMENT -- TERM -- VACANCIES. --The board of directors shall consist of five members who shall be appointed by the governor by and with the advice of the senate. The term of office of the members of the board shall be as follows: three members shall serve on the board for two years, and two members shall serve on the board for three years, dating from the day on which this act becomes effective.

Section 3. POWERS AND DUTIES. -- The board of directors shall have the power and it shall be its duty:

Twenty-third Legislature
Related to Appropriations and Finance Committee

HOUSE BILL NO. 121

Int. passed for

House Public Affairs Committee

AN ACT

RELATING TO STATE TUBERCULOSIS HOSPITALS; PROVIDING FOR THE
STATE TUBERCULOSIS HOSPITALS; AND MAKING AN APPROPRIATION.

Be it enacted by the Legislature in the State of Oregon:

Section 1. STATE TUBERCULOSIS HOSPITALS, created
--in order to provide for the care and treatment of
the residents of the state of Oregon who are afflicted
therefor proper facilities for the treatment of patients,
there is hereby created the state tuberculosis hospital,
board. The board of directors, who shall consist of
shall constitute a body corporate with such powers and
duties as may be provided by law.

Section 2. BOARD OF DIRECTORS -- The board of directors shall
--TERM -- The term of office of the directors shall
consist of five members who shall be appointed by the
governor and with the advice of the senate. The board
office of the members of the board shall be at
three members shall serve on the board for
two members shall serve on the board for
during from the day on which they shall be appointed.

Section 3. POWERS AND DUTIES -- The board of
directors shall have the power and it shall be their duty

(a) To manage and control the state tuberculosis hospitals and to care for and preserve all property and other facilities of which it shall become possessed and to erect and construct all buildings necessary for its use; to accept and receive all gifts, bequests or devises of any nature for the use and benefit of such hospitals or any other such facilities;

(b) To supervise the care of all patients admitted to the hospitals for treatment;

(c) To supervise, direct and control the disbursement and expenditure of all moneys appropriated or received in any other manner for the use of such hospitals or facilities;

(d) To sue, and with the consent of the legislature to be sued in its corporate name;

(e) To enter into contracts;

(f) To adopt and amend by-laws, rules and regulations, not in conflict with the constitution and laws of this state, for the management of the hospitals and other facilities, its employees and patients;

(g) To appoint and remove officers, agents, employees and to fix their compensation;

(h) To adopt and use a common seal;

(i) To make a report to the governor on or before the first day of January of each year, and at such other reasonable times as he may request, of all activities;

(j) To do all things necessary or convenient in con-

- (a) To manage and control the state laboratories, hospitals and to care for and preserve all property and other facilities of which it shall become possessed and to erect and construct all buildings necessary for the use; to receive and receive all gifts, bequests or devises of any nature for the use and benefit of such hospitals or any other such facilities;
- (b) To supervise the care of all patients admitted to the hospitals for treatment;
- (c) To supervise, direct and control the disbursement and expenditure of all moneys appropriated or received in any other manner for the use of such hospitals or facilities;
- (d) To sue, and with the consent of the legislature to be sued in its corporate name;
- (e) To enter into contracts;
- (f) To adopt and amend by-law, rules and regulations, not in conflict with the constitution and laws of this state, for the management of the hospitals and other facilities, its employees and patients;
- (g) To appoint and remove officers, agents, employees and to fix their compensation;
- (h) To adopt and use a common seal;
- (i) To make a report to the governor on or before the first day of January of each year, and at such other reasonable times as he may require, of all activities;
- (j) To do all things necessary or convenient in connection with the foregoing.

ducting the business of the hospitals and other facilities.

Section 4. EMPLOYMENT OF SUPERINTENDENT AND ADDITIONAL EMPLOYEES. -- The Board of directors shall appoint and employ a superintendent and such professional, executive, and other assistants as may be necessary for the administration of each hospital. The superintendent shall give full time to his duties as superintendent. His duties shall be such as may be prescribed by the board of directors in their by-laws. All other agents and employees, and particularly those employed to perform services of a technical and professional nature shall be chosen because of their peculiar fitness, skill and training, to the end that the citizens of the state of New Mexico shall receive the best care and treatment available.

Section 5. COMPENSATION FOR TRAVEL BY BOARD OF DIRECTORS. -- The members of the board shall receive all necessary and actual expenses for sustenance, lodging and travel while actually engaged in the performance of their duties. The expenses herein authorized shall be paid, from time to time and as may be necessary, by the state treasurer on warrants of the state auditor upon vouchers approved by the board.

Section 6. ADMINISTRATION. -- The board of directors shall establish and maintain such departments as may be required for the proper administration of this act.

Section 7. ADMISSION OF PATIENTS TO HOSPITALS. -- The board of directors shall have the power and it shall be

its duty to make rules and regulations for the admission of patients. The said hospitals are intended and meant to be for the treatment and care of the sick of this state who are indigent and who are unable to bear the expense of such care and treatment. Such sick persons who are not indigent and are able to pay their expenses, or who are not residents of the state, shall be permitted to enter or be cared for in the hospitals under regulations made and terms fixed by the board of directors.

Section 8. STATE TUBERCULOSIS HOSPITALS' FUND. -- All receipts received from patients for care and treatment shall be paid over to the state treasurer and held by him to the credit and account of the "state tuberculosis hospitals' fund," and such amounts are hereby appropriated and provided for the maintenance of the state tuberculosis hospitals and other such facilities.

Section 9. APPROPRIATION. -- The sum of one million two hundred ninety-eight thousand four hundred eighty-five dollars (\$1,298,485) for the forty-sixth fiscal year, and the sum of one million three hundred fifty thousand twenty dollars (\$1,350,020) for the forty-seventh fiscal year, is appropriated for the purpose of carrying out this act.

its duty to make rules and regulations for the admission of patients. The said hospitals are intended and meant to be for the treatment and care of the sick of this State who are indigent and who are unable to bear the expense of such care and treatment. Such sick persons who are not indigent and are able to pay their expenses, or who are not residents of the State, shall be permitted to enter or be cared for in the hospitals under regulations made and terms fixed by the board of directors.

Section 8. STATE TUBERCULOSIS HOSPITALS' FUND. --

All receipts received from payments for care and treatment shall be paid over to the State Treasurer and held by him to the credit and account of the "State Tuberculosis Hospitals' Fund," and such receipts and moneys appropriated and provided for the maintenance of the said tuberculosis hospitals and other such facilities.

Section 9. APPROPRIATION. -- The sum of one million

two hundred ninety-eight thousand four hundred and fifty dollars (\$1,298,452) for the forty-ninth fiscal year, and the sum of one million three hundred fifty thousand seven hundred dollars (\$1,350,000) for the forty-seventh fiscal year, is appropriated for the purpose of carrying out this act.

MILLS FALLS
 F. B. A. S. E.
 1917

SENATE BILL NO. 218

Introduced by:

J. G. Moore, R. C. Morgan, Jesse U. Richardson

To Public Affairs Committee

AN ACT

RELATING TO THE POWERS OF THE STATE TUBERCULOSIS HOSPITALS' BOARD; AND AMENDING SECTION 13-7-14 NEW MEXICO STATUTES ANNOTATED, 1953 COMPILATION (BEING LAWS 1957, CHAPTER 230, SECTION 3).

Be It Enacted by the Legislature of the State of New Mexico.

Section 1. Section 13-7-14 New Mexico Statutes Annotated, 1953 Compilation (being Laws 1957, Chapter 230, Section 3) is amended to read:

"13-7-14. POWERS AND DUTIES. -- The board of directors shall have the power and it shall be its duty:

A. to manage and control the any state tuberculosis hospitals now or hereafter established and to establish, maintain and operate such other facilities for the treatment and care of patients suffering from tuberculosis as the board of directors may deem advisable; to care for and preserve all property and other facilities of which it shall become possessed and to erect and construct all buildings necessary for its use. to accept and receive all gifts, bequests or devises of any nature for the use and benefit of such hospitals or any other such facilities; To acquire real and personal property by gift, purchase, lease or otherwise, and

Twenty-fourth Legislature State of New Mexico

SENATE BILL NO. 218

Introduced by:
J. B. Moore, J. C. Morgan, James A. Richardson

To Public Affairs Committee

AN ACT

RELATING TO THE POWERS OF THE STATE TUBERCULOSIS HOSPITALS;

BOARD; AND AMENDING SECTION 13-7-14 NEW MEXICO STATUTES

ANNOTATED, 1953 COMPILATION (BEING LAWS 1937, CHAPTER 230,

SECTION 3).

Be It Enacted by the Legislature of the State of New Mexico:

Section 1. Section 13-7-14 New Mexico Statutes

Annotated, 1953 Compilation (being Laws 1937, Chapter 230,

Section 3) is amended to read:

"13-7-14. POWERS AND DUTIES. -- The board of

directors shall have the power and it shall be its duty:

A. to manage and control the any state tuberculosis-

and hospitals now or hereafter established and to establish,

maintain and operate such other facilities for the treatment

and care of patients suffering from tuberculosis as the board

of directors may deem advisable; to care for and preserve

all property and other facilities of which it shall become

possessed and to erect and construct all buildings necessary

for its use, to accept and receive all gifts, bequests or

devices of any nature for the use and benefit of such hospi-

tals or any other such facilities; To acquire real and per-

sonal property by gift, purchase, lease or otherwise, and

to deal with and dispose of real and personal property whether by sale, lease or exchange;

B. to supervise the care of all patients admitted to the hospitals any state tuberculosis hospital for treatment and to provide therapy and treatment for tuberculosis patients at such other facilities as it may maintain;

C. to supervise, direct and control the disbursement and expenditure of all moneys appropriated or received in any other manner for the use of such hospitals or facilities in accordance with budgets approved by the state budget division and in compliance with financial control procedures established by the department of finance and administration;

D. to sue, and with the consent of the legislature to be sued in its corporate name;

E. to enter into contracts;

F. to adopt and amend bylaws, rules and regulations, not in conflict with the constitution and laws of this state, for the management of the hospitals and other facilities, its employees and patients.

G. to appoint and remove officers, agents, employees and to fix their compensation;

H. to adopt and use a common seal;

I. to make a report to the governor on or before the first day of January 1 of each year, and at such other reasonable times as he may request, of all activities;

J. to do all things necessary or convenient in conducting the business of the hospitals and other facilities.

to deal with and dispose of all the assets of the company

whether by sale, lease or otherwise

2. to receive and hold any moneys or securities

to the disposal of which the company is entitled or to which it may become entitled

and to provide for the payment of the debts of the company

and to do all such other things as may be necessary for the purposes of the company

3. to exercise all powers and authorities conferred on the company

and to do all such other things as may be necessary for the purposes of the company

in any other respect for the time being in force

and in accordance with the provisions of the Companies Act 1947

and in compliance with the provisions of the Companies Act 1947

as amended from time to time and any regulations made thereunder

4. to do all such other things as may be necessary for the purposes of the company

to be done in the exercise of the powers conferred on the company

5. to do all such other things as may be necessary for the purposes of the company

6. to do all such other things as may be necessary for the purposes of the company

not in conflict with the provisions of the Companies Act 1947

and to do all such other things as may be necessary for the purposes of the company

7. to do all such other things as may be necessary for the purposes of the company

8. to do all such other things as may be necessary for the purposes of the company

and to do all such other things as may be necessary for the purposes of the company

9. to do all such other things as may be necessary for the purposes of the company

10. to do all such other things as may be necessary for the purposes of the company

and to do all such other things as may be necessary for the purposes of the company

11. to do all such other things as may be necessary for the purposes of the company

12. to do all such other things as may be necessary for the purposes of the company

13. to do all such other things as may be necessary for the purposes of the company

conducting the business of the company in accordance with the provisions of the Companies Act 1947

WITNESSES

COLONY SYSTEM
EXERCISE
MULTIPLE CHOICE

WILKINS & WILKS
E. Z. ERWIN
COTTON-CORNER

