A CASE STUDY OF THE TAOS COUNTY, NEW MEXICO, COOPERATIVE HEALTH ASSOCIATION

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This is to certify that the

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A CASE STUDY OF THE TAOS COUNTY, NEW MEXICO, COOPERATIVE HEALTH ASSOCIATION

by
Morris Harry McMichael

AN ABSTRACT OF A DISSERTATION

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ABSTRACT

A CASE STUDY OF THE TAOS COUNTY, NEW MEXICO, COOPERATIVE HEALTH ASSOCIATION

The Taos County, New Mexico, Cooperative Health Association, the first of its kind to be established in a Spanish-American County, was incorporated on June 25, 1942. It was organized to render medical service, including surgical and dental treatment, and any drugs, nursing service or hospitalization incident thereto to low-income County families. Funds were secured from the Farm Security Administration. On August 25, 1949, the Association was dissolved.

The purposes of this study were twofold:

1. To discover and analyze factors which contributed to failure of the Association.

2. To attempt to ascertain systematically the most desirable sequence of actions necessary to help a minority ethnic group, like the Spanish-Americans of Taos County, achieve changes in health practices.

Three avenues of research were followed:

1. Analysis of reports compiled by the Health Association.

2. Interviews with personnel who were instrumental in organizing and administrating the project.

3. Interviews with 200 former members of the Association.

The following conclusions were drawn from the study of the Health Association:

1. The English-speaking and Spanish-speaking people in Taos County held different concepts concerning health.

2. The Association was based on Anglo-American concepts of medical care and practice.

3. Proper use was not made of the established clinics.

4. Funds granted by an outside agency resulted in an artificial stimulus for a cooperative community enterprise.

5. Insufficient time was spent by the administration to educate the people with the new health program.

6. A continual education program was not practiced.

7. There were inadequate communication facilities.

8. There was not sustained leadership at all times.

9. There was a wide cultural gap between the Spanish-speaking and English-speaking people concerning factors other than health concepts.

10. World War II affected the efficiency of the personnel and operation of the Health Association.

11. Membership fees were not adequate to support the Association after it was established.

12. The fee basis was not thoroughly planned.

13. Evaluations were not made at regular intervals.

In order to benefit from the causes of failure of the Taos County Cooperative Health Association, the following recommendations are offered:

1. Health practices, facilities, and needs should be surveyed before a health program is started.

2. Membership should be built carefully.

3. Leaders should be carefully selected.

4. All points of view concerning health concepts should be considered carefully in a bi-cultural group.

5. All aspects of the organization should be thoroughly explained.

6. The education program should be continuous.

7. A comprehensive plan and program of procedure should be developed.

8. The recommended plan should be revised as situations demand.

9. Available communication media should be utilized adequately.

10. Control of the organization should remain in the communities involved.

11. There should be systematic leadership.

12. Medical personnel should be selected carefully.

13. Financing should be thoroughly planned.

14. Evaluations should be made at regular intervals.

15. Outside activities are needed in conjunction with a health program.

16. Boundaries of a health association should not necessarily coincide with county lines nor exclude parts of communities.

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CHAPTER I

THE PROBLEM

The benefits and advantages of cooperative effort are commonly recognized. Studies of specific examples of this kind of effort have concentrated upon analysis of the elements of success in them. However, up to the present time relatively little effort has been made to broaden understanding of, and capacity for, cooperative effort through the analysis of the elements of failure.

On June 25, 1942, the Taos County Cooperative Health Association, with which this study deals, was incorporated with financial aid from the Farm Security Administration, and the cooperation of the University of New Mexico, influential Taos County citizens, and various federal, state, and local agencies.[1] On August 25, 1949, the Health Association was dissolved, although some elements of success were achieved. However, in totality the project might be judged a failure in cooperative effort since it did cease to exist. Because certain elements of its failure are susceptible to analysis that could be of constructive benefit to future enterprises of the same kind, the decision has been reached

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[1]Organization and operation of the Taos County Cooperative Health Association is discussed in Chapter IV.

to approach a study of the Taos venture from a negative point of view.

By 1949 the people of Taos County had engaged in seven years of cooperative effort and during this period achieved many lasting accomplishments. To the extent that the Spanish-speaking people of Taos were representative of a minority ethnic group in the Southwest, the experiences of these seven years could be considered representative of the kind of efforts that could be made on a larger scale with the whole Spanish-speaking group of the region. On the other hand, because the Association did cease to operate, there were definite reasons for its failure. The study that follows takes these points into consideration.

I. THE PROBLEM

Statement of the problem. The purposes of the study are twofold. The first purpose is to discover and analyze the causes which contributed to the ultimate closing of the Taos County Cooperative Health Association.

The second purpose of the study is an attempt to ascertain systematically the most desirable sequence of actions necessary to help a minority ethnic group achieve changes in health practices.

The Taos experience will, of course, furnish the basis of the problem. The twofold purposes will furnish a

foundation for a recommended guide for establishment and maintenance of future health projects of similar nature in like situations.

Limitations of the study. In this, as in any research study, there are certain limitations inherent in the investigator, the situation, and the method of research used. The existence of such limitations is recognized. They are listed as follows:

1. The Taos County Cooperative Health Association closed its doors in 1949. The ensuing time between that date and the present contributed to some forgetfulness on the part of former members and non-members about happenings concerning the Association.

2. Like any other research technique, the use of the interview is subject to some hazard. For example, interpretations of the response, conditions of the interview, and skill of the interviewer must be considered. In certain situations the interview technique may be the best means of obtaining the necessary data, while in others the interview technique may not be the best but the only means available. In this study the investigator submits that both of these conditions existed. At the same time he recognizes the possible limitations.

3. There is the possibility of political economic, religious, or other causes or effects which may have colored the answers given to the interview questions.

4. The fact that adequate records were not prepared for evaluation purposes, but for the business of the Association, limited the investigator to some extent. In some cases even the business records had been destroyed.

Keeping these limitations in mind, however, it is the opinion of the investigator that sufficient materials and different kinds of information were accumulated to fulfill the purposes of the study.

II. DEFINITIONS OF TERMS USED

Southwest. This term with reference to a specific region of the United States has many varied interpretations in regard to states included therein. In this study the area referred to is the Hispanic Southwest, which includes the states of New Mexico and Arizona, the western counties of Texas and those which border Mexico, and the southern counties of Colorado, Utah, Nevada, and California.

Anglo. Lyle Saunders has the following definition for the term "Anglo."

> ... it is commonly used in the Southwest, to refer to the numerically dominant, natively English-speaking population whose culture is, with minor regional variations, that of the United States as a whole. So used, it designates a residual category

> that includes anyone who is not identifiable as Spanish-speaking or Indian. Negroes, Chinese- and Japanese-Americans, Jews, and persons of various European national backgrounds are thus grouped together as Anglos.[2]

The investigator uses Saunders' definition for the term "Anglo" throughout this study.

Spanish-American. The people referred to in this study as Spanish-American are those who claim ancestry from Spain. The Spanish settlers of Taos County were from this stock. There have been very few Mexican National immigrants who have settled as far north as Taos County from the Mexican border; therefore, the terms Spanish-American and Spanish-speaking are used interchangeably throughout this study and refer to the same people.

Social System. In using this term, consideration is given to a cooperative social structure of long standing which consists of a group of individuals whose pattern of relationships has been handed down from generation to generation and who interact in all phases of everyday life with people of their own culture at a higher rate than with non-members.[3]

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[2]Lyle Saunders, Cultural Difference and Medical Care (New York, 1954), p. 249.

[3]Charles P. Loomis and J. Allan Beegle, Rural Social Systems (New York, 1950), pp. 3-5.

The investigator realizes that there are many different functions involved in any given social system. In this study the impact of different institutions and discussion of the partial adjustment thereto will be included insofar as they attempt to bring about cultural change concerning health practices of the people of Taos County.

Social Sub-System. This term, in contrast to the definition given of a social system above, refers to any smaller functioning part of an established cooperative social structure or one that emanates from an already established social system. In this study the Taos County Cooperative Health Association is considered a social sub-system which is of comparatively recent origin and would be considered such until it had become permanently established.

III. ASSUMPTIONS IN THE STUDY

In order to establish a definite point of departure, it is necessary to begin with certain assumptions which may or may not have been the factors causing difficulties in organization and operation of the project. The following theoretical assumptions are those which the investigator has used as a foundation:

1. The Taos County Cooperative Health Association represented the effort of an outside social sub-system to effect unification or linkage with and change in two already

established social systems in the County. The study by Senter indicates that there were two large social systems operating in the area; namely, the Spanish-American and the Anglo.[4] Loomis and Beegle contend that social interaction takes place between members of a social system to a greater extent than between individuals of the social system and those outside, or of another social system.[5] In Taos County the Association sub-system, in attempting to become established, was looked on as an outside system until sufficient interaction had taken place between it and the two older, already established ones.

2. In a project of the kind represented by the Cooperative Health Association, careful selection of leaders from both the new and already established social systems was important. Individuals with the desired attitudes, abilities, and knowledge should have been given the reins of organization. On the other hand, an entirely new group of people may have been better at administering the same program.[6] People who were to receive benefits from the project should

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[4]Donovan Senter, "Village of the Saints," (Unpublished manuscript, University of New Mexico, Albuquerque, New Mexico, 1942), pp. 99-122.

[5]Loomis and Beegle, loc. cit.

[6]Paul A. Miller, Community Health Action, (East Lansing, Michigan, 1953), pp. 11-19.

have had a hand in its establishment even though that project cut across cultural lines.

3. The administrative personnel of the Health Association, representing as it did an outside social sub-system, should have studied and thoroughly understood the class structure, value systems and kinship groupings of all elements of the society involved.

4. Administrators of health programs like that reported in this study must, in their procedures, give sufficient evidence that the leaders are aware of the ways of local, as well as the outside, social sub-system's methods of effecting changes in a society.

5. Members of the minority ethnic groups should have been involved personally in the project if it was to become sufficiently effective.

6. A reasonable amount of time should have been provided in which new procedures which were involved in the project might have been allowed to develop and be accepted among the people whose practices were to be changed by those ideas.

7. Effective communication is a vital element in this kind of social-cultural linkage. The Taos County Cooperative Health Association was no exception. Such communication should have involved the kind and amount of information available, the media for communication, and the

degree to which understanding of different cultural concepts was made possible.

8. A reasonable opportunity for education of those persons not previously exposed to the attitudes and practices involved in the Health Association should have been provided if it was to progress most satisfactorily.

IV. HYPOTHESES

The Taos County Cooperative Health Association represented the embodiment of Anglo concepts of medical care and practice. As such, the Association might have been viewed as an outside social sub-system attempting to achieve linkage with the two Taos County social systems; namely, the Spanish-American and the native Anglo. Growing out of this set of circumstances, the following hypotheses concerning failure are offered:

1. The Association sub-system failed to achieve effective social-cultural linkage with the two existing social systems in Taos County.

   a. The Association sub-system had less effective linkage with the Spanish-American system than with the native Anglo system in Taos County.

   b. The Association sub-system failed to incorporate members of the two local systems in the planning-initiation phase of the project.

c. If some of the members of the local systems were incorporated in decision-making processes at the planning-initiation stage, they were not all recognized leaders of their respective systems.

d. The Anglo-imposed program concerning health failed to correspond with Spanish-American concepts of health care.

When an outside social system attempted change in Taos County, the new system should have taken into consideration the failures which had occurred in the past when changes had been instituted. The changes contemplated may have been too fast. This does not mean that changes should not have been attempted, but that the change agent should have worked with all classes in the existing systems and attempted to involve the recognized leaders in the community. The following hypothesis concerning legitimation is developed from this situation.

2. Throughout subsequent phases of the program, legitimation and execution decision-making processes were restricted to Anglos and a few Spanish-Americans, and legitimation of decisions was not secured in the Spanish-American social system.

Distrust, as well as resentment, may have developed when the Association sub-system attempted to communicate

its ideas to the established social systems in Taos County. If the leaders of the Health Association had taken sufficient time to explain the program more fully to the Spanish-American leaders in the various communities, the Spanish leaders in turn would have been able to communicate the ideas much more fully to the various community kinship groups. The third hypothesis is offered in this regard.

3. Effective channels of communication were not established between the Association sub-system and the two Taos County social systems.

a. There was inefficient use of existing communication media.

b. The settlement pattern of the different kinship groups prohibited easy communication between their leaders concerning the Health Association.

In Taos County there are three definite types of topography; the mountainous areas in the east, the Rio Grande Valley area in the central portion, and the high flat mesas of the west. There is an absence of good roads; and because most of the people in the different communities have a much lower standard of living than elsewhere in the State, there is a noticeable lack of transportation facilities. The natural barriers of poor roads and weather and mountainous topography made it difficult for people in communities

at some distance from a health clinic to make use of health facilities. Consequently, the following hypothesis is offered.

4. Inability to make use of the health facilities established by the Health Association was a contributing factor to its failure.

At the present time the Spanish-speaking people of Taos County make every effort to send their children to the public schools. In earlier times they, as children, were needed at home to help gather food for their families and were not fortunate enough to secure much education. The fifth hypothesis is offered as a consequence of this fact.

5. The lack of opportunity in the past for the Spanish-Americans to avail themselves of educational offerings was a contributing factor toward failure of the Health Association.

With the advent of World War II, shifts in population occurred in Taos County. Also, the economy of the County changed to a large extent with job opportunities becoming plentiful in near-by counties and states. The following hypothesis is based on this circumstance.

6. Economic changes due to World War II and subsequent shifts in population contributed materially to the failure of the Health Association.

It is realized that the granting of funds by the Farm Security Administration to establish a health program in Taos County was contingent upon success in effecting changes in health standards and practices. If results were to be obtained so that additional funds would be granted, the Association sub-system would have had to work hard to produce them. It is commonly thought that the main cause for closing down the Health Association was because of the withdrawal of funds by the Farm Security Administration. The preceding hypotheses suggest, however, that there were many other factors which entered into the picture, and this possibility will be examined later. It is quite possible that had linkage been established between the Association sub-system and the two Taos County social systems, withdrawing of funds by the Farm Security Administration would not have mattered.

7. The Taos County Cooperative Health Association had failed prior to the withdrawal of the Farm Security Administration funds.

V. SOURCES OF DATA FOR THE STUDY

It was recognized in the early stages of development of this study that there were several avenues of research which could be followed to their respective ends. Of them, three were judged to be especially suited to the study.

The first was analysis of many records and reports compiled by the Health Association. It developed that these records and reports were in numerous places. Fairly complete files, though inactive, concerning the Taos County Cooperative Health Association were located in the Farmers Home Administration offices in the village of Taos, the county seat of Taos County. Records of the program were also located in the inactive files of the Farmers Home Administration offices in Albuquerque, New Mexico and at Amarillo, Texas.

Some records and reports were located at the University of New Mexico. These were readily available, as were the few records located in the State Department of Public Health, Santa Fe, New Mexico. Records that were maintained at the time of the Association in the Taos County Hospitals had already been destroyed. Several individuals who had served in an administrative capacity with the Health Association had portions of reports in their possession. These reports were concerned with their part in the program and were made readily available.

A second method of research was the interview of a number of selected people. The investigator attempted to locate all key personnel who acted during organization and administration of the Health Association. Some of these people still lived in Taos County, others lived in various parts of the state of New Mexico and some had taken positions

in other states. Those who lived in New Mexico were interviewed in person, while those outside the State were contacted by correspondence. From the analysis of records and interviews, it was possible to determine the type of information that should be requested in a research schedule. This schedule was used to interview former Health Association members.

The total number of Health Association members who had joined and made use of the facilities, over the seven-year period, numbered 1,941 separate families.[7] A third method of research was represented in the decision to interview 200 people who were former Health Association members. It was also decided to try to secure information from equal numbers of women and men in order to obtain as representative a sampling as possible. A preliminary schedule was developed and pre-tested to see if the information obtained was inclusive and pertinent to the study. It was then reworded; new questions were included; and the whole was rearranged and then put in use.[8]

The problem of securing names and addresses of former Health Association members was facilitated by the use

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[7]Membership files 1942-1948, Taos County Cooperative Health Association, Farmers Home Administration Office, Taos State Bank Building, Taos, New Mexico. (Hand written).

[8]For copy of interview questionnaire see Appendix A, page 196.

of the files in the Taos office of the Farmers Home Administration. Three months' time was necessary to complete the job. All of the interviewing was done by the investigator in order to insure as uniform procedure as possible.

A more detailed account of the methodology used in the interviewing and sampling procedures will be discussed in Chapter V. The schedule is not one that lends itself to statistical summary. It was designed to secure individual judgments of the organization and operation of the Health Association and to report individual interpretations of the failures.

VI. ORGANIZATION OF THE STUDY

Chapter I treats the general nature of the problem under study, including the assumptions and hypotheses pertaining to the organization and administration of the Taos County Cooperative Health Association. The sources of data for the study is outlined in detail in the second portion of the chapter.

Chapter II will be a review of the related literature on the subject.

In order for the reader to have a knowledge of the conditions which existed prior to the establishment of the Health Association, it was necessary to give a brief history of the people of Taos County, New Mexico. In Chapter III

an attempt was made to acquaint the reader with the historical and cultural background of the people.

In Chapter IV a rather detailed account of the planning, organization, and administration of the Taos County Cooperative Health Association is discussed.

Chapter V will contain a detailed account of the methods used in selecting the informants and the interviewing procedures necessary to obtain the required information for the study.

In Chapter VI an analysis was made of the information gathered from the records, reports, and interviews. The hypotheses presented in Chapter I were tested against evidence presented in the preceding chapters.

The seventh and final chapter presents the conclusions and recommendations for future programs.

The Appendixes contain material pertinent to the study which could not be incorporated in the body of the thesis. Such material will include (a) copy of the interview schedule used in the study, (b) Articles of Incorporation and By-Laws of the Taos County Cooperative Health Association, (c) Memoranda of Understanding between the Health Association and participating doctors, dentists, and hospitals, (d) Membership Regulations of the Health Association, and (e) other documents and items considered necessary for clarification of the study to the reader.

CHAPTER II

REVIEW OF RELATED LITERATURE

Examination of the literature revealed the likelihood that no systematic and complete study of the organization and administration of a cooperative health association comparable to that which was started in Taos County exists. In Taos County the health association that was established crossed the cultural boundaries between the Spanish-speaking and English-speaking peoples. The major problems of organization and administration that were found to occur where only one cultural group existed were not the same kinds of problems that arose in the Taos community which included people from more than one cultural background.

Consequently, it became necessary to establish a background for the study from the following kinds of sources which are basic and supplementary to or which refer to specific aspects of the Taos County Cooperative Health Association:

1. Reports and special articles referring to the Taos County Cooperative Health Association specifically.

2. Bulletins or special studies summarizing the development of cooperative health associations in general.

3. Sociological studies, reports, and treatises dealing with the area of or people of Taos County.

4. Standard textbooks and similar materials expressing basic concepts of development and organization of the Taos County Cooperative Health Association.

5. Historical accounts of New Mexico, and more especially of Taos County, which deal with the development of the area.

I. LITERATURE REFERRING DIRECTLY TO THE TAOS COUNTY COOPERATIVE HEALTH ASSOCIATION

In the first group of materials the report, It Happened in Taos,[1] written in a narrative form by J. T. Reid, deserves special attention. This report is concerned with community improvement which was carried out on a cooperative basis. It was called the Taos County Project. One of the outcomes of this project was the Taos County Cooperative Health Association in which the people of Taos were vitally connected. Reid tells of the part the project played in organizing and administering the Health Association. This report was written in 1946, before the Health Organization ceased to exist. Reid, as director of the Taos County Project, was instrumental in the writing of two earlier reports, "The First Annual Report" and "The Second Annual

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[1]J. T. Reid, It Happened in Taos (Albuquerque, 1946), 118 pp.

Report"[2] of the Taos County Project, which include the story of the beginning of the Taos County Health Committee and its progress.

Another study worthy of mention is that written by Charles P. Loomis, entitled Studies of Rural Social Organization in the United States, Latin America, and Germany.[3] One chapter of this study is devoted to the Taos County Cooperative Health Association and was written while the Association was in operation. It gives some definite suggestions how the Association could have been improved at that time. Loomis also commented on some of the cultural concepts of health observed by Spanish-Americans and how these concepts held back full cooperation on their part in working with the Association social system.

The rest of the book by Loomis deals with social organization and administration, culture and attitudes, and opinions of other American, Latin-American, and German communities.

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[2]J. T. Reid, "Taos County Project, First Annual Report, July 1, 1940 to June 30, 1941" (University of New Mexico Bulletin No. 371, Cat. Ser. Vol. 54, No. 7, Albuquerque, New Mexico, 1941), 27 pp.; and J. T. Reid, "Taos County Project, Second Annual Report, July 1, 1940 to June 30, 1941" (University of New Mexico Bulletin No. 381, Cat. Ser. Vol. 55, No. 5, Albuquerque, New Mexico, 1942), 24 pp.

[3]Charles P. Loomis, Studies of Rural Social Organization in the United States, Latin America and Germany (Ann Arbor, Michigan, 1945), 392 pp.

A mimeographed report by T. Wilson Longmore and Theo L. Vaughan on the "Taos County Cooperative Health Association, 1942-43"[4] was a fairly complete report of one year's operation. In addition to this, Longmore and Vaughan selected 119 member families at random for interviews to attempt to find out the use of medical facilities before the Taos County Cooperative Health Association started.

The report by Longmore and Vaughan is incorporated into a report of seven health associations which will be discussed under the next major heading.

Cultural Differences and Medical Care, by Lyle Saunders,[5] is a case study of the way Spanish-speaking people of the Southwest look at health. Saunders makes a point of the fact that the Spanish-speaking people have a much different set of values concerning health, education, family relationship, time, and responsibility than those whose set of values are natively English-speaking. Saunders gives a short resume of the Taos County Cooperative Health Association and contrasts it to the Costilla County Health

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[4]T. Wilson Longmore, and Theo L. Vaughan, "Taos County Cooperative Health Association, 1942-43," a report for the Bureau of Agricultural Economics, United States Department of Agriculture (Little Rock, Arkansas, November, 1944), 69 pp. (Mimeographed)

[5]Lyle Saunders, Cultural Difference and Medical Care (New York, 1954), 318 pp.

Association in Colorado. He goes on to say that both of the health associations were failures mainly because they were organized by Anglo standards and were not adapted to Spanish-American health and cultural concepts.

An article, which appeared in Applied Anthropology in June, 1944, by Charles P. Loomis and J. T. Reid,[6] entitled "The Taos County Project of New Mexico - An Experiment in Local Cooperation Among Bureaus, Private Agencies, and Rural People," gives a short summary of the Cooperative Health Association.

In addition to the above literature just cited which pertains to the Taos County Cooperative Health Association directly, there are files of loose material in the office of the Farmers Home Administration at the village of Taos. The files contain letters of policy, memorandums of agreement, and information about the Health Association which were valuable in writing this case study.

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[6]Charles P. Loomis and J. T. Reid, "The Taos County Project of New Mexico - An Experiment in Local Cooperation Among Bureaus, Private Agencies and Rural People," Applied Anthropology, Vol. 3, No. 3 (June, 1944), pp. 21-23.

II. LITERATURE REFERRING TO COOPERATIVE HEALTH ASSOCIATIONS IN GENERAL

The second group of materials pertain to cooperative health associations in general. In the first group, mention was made of the study by Longmore and Vaughan which was incorporated into a report of seven health associations. The Senate Subcommittee of the 79th Congress, second session, published a bulletin on, "The Experimental Health Program of the United States Department of Agriculture,"[7] in January, 1946. The report covers seven health programs which were started at approximately the same time. They were in seven different counties in six different states; namely, Taos County, New Mexico; Newton County, Mississippi; Walton County, Georgia; Cass County and Wheeler County, Texas; Nevada County, Arkansas; and Hamilton County, Nebraska.

It was the opinion of the subcommittee that all of the health associations discussed in this bulletin could not have been started in the first place unless outside funds were available. They also felt that each one needed continual subsidy in order to exist. The two weak points of

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[7]United States Bureau of Agricultural Economics, "The Experimental Health Program of the United States Department of Agriculture," a study made for the Subcommittee on Wartime Health and Education of the Committee on Education and Labor, United States Senate, pursuant to S. Res. 74 and S. Res. 62, 79th Congress, 2nd Session (Washington, 1946), 166 pp.

all the health associations were felt to be ". . . (1) incomplete population coverage, and (2) inadequate scope and quality of care."[8]

Another important bulletin is the one by Helen L. Johnston, "Rural Health Cooperatives."[9] This is a joint publication of the Farm Credit Administration and the Public Health Service. The study covers reports from 21 states that formed cooperatives to help meet local health needs in 101 communities. From the study the following recommendations were offered for starting new health organizations:

1. Get the facts about local health needs.
2. Adapt planning to needs; avoid over building or duplicating existing facilities.
3. Have assurance of sufficient funds before starting to build.
4. Choose the organization committee or board carefully.
5. Get community backing.
6. Keep control in the hands of local group.
7. Depend on volunteers for organizational work (this was the recommendation of most groups although a few felt a paid worker was desirable).
8. Get enough members for sound operation.

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[8]Ibid, p. 37.

[9]Helen L. Johnston, "Rural Health Cooperatives," a joint publication, Farm Credit Administration Bulletin No. 60 and Public Health Service Bulletin No. 380 (Washington, 1950), 93 pp.

9. Incorporate legal phases of membership contract in the application.

10. Keep people informed, both members and the community at large.

11. Educate people to the prepayment plan; promise only what can be delivered; emphasize preventive medicine; set the annual dues and special charges high enough to begin with so that an increase soon after starting will be unnecessary; anticipate a rather heavy demand for service on the part of new members; keep adequate records of services used by members and income received from members.

12. Make a careful choice of doctors; get good doctors who are sympathetic toward the association's objectives; make businesslike arrangements with doctors.

13. Limit the board's activity to its proper functions.

14. Arrange for exchange of ideas among leaders of rural health cooperatives and also, possibly, for group purchasing of supplies or sharing of specialists' services.[10]

The study made by Paul A. Miller, Community Health Action,[11] was used to develop better understanding of group action necessary to establish a health project. This book is a study of 218 community health projects throughout the United States. The projects were grouped into five representative regions: Southeast, Midwest, Farwest, Northwest, and Northeast. Miller outlines in detail the processes

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[10]Ibid, p. viii.

[11]Paul A. Miller, Community Health Action (East Lansing, Michigan, 1953), 192 pp.

that go on in a community when action is started to build hospitals and explains the steps necessary to carry the plans through to completion.

Another bulletin, "Community Organization for Health, Selected References,"[12] published by the Department of Sociology and Anthropology at Michigan State University, was of considerable help in securing other valuable references for the study.

The Nation's Health, by Oscar R. Ewing,[13] stated that as our Nation's population grows older, the number of chronic diseases of all kinds increases. Heart disease and cancer are two major killers in this group. He also stated that chronic diseases occurred more frequently in the low-income groups.

The President's Commission on the Health Needs of the Nation, Findings and Recommendations,[14] stated that, "The maintenance of health must now be added to food, shelter, and clothing as one of the necessities of living."[15]

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[12]Social Research Service, "Community Organization for Health, Selected References," (East Lansing, Michigan, 1950), 22 pp.

[13]Oscar R. Ewing, The Nation's Health (Washington, 1948), 186 pp.

[14]The President's Commission on the Health Needs of the Nation, Vol. 1, Findings and Recommendations (Washington, 1951), 80 pp.

[15]Ibid, p. 1.

In addition to the many different kinds of materials on health and cooperative health programs, the Bureau of Vital Statistics of the United States was used, as well as the State Department of Public Health, Department of Vital Statistics.[16] Many items were checked with these two departments.

III. LITERATURE PORTRAYING THE SOCIOLOGICAL BACKGROUND OF THE PEOPLE OF TAOS COUNTY

There are a number of studies, reports, and treatises which deal with the sociological background of the Spanish-American people of New Mexico. There are only a few such studies for the area of Taos County, but some of the other studies correspond closely enough to Taos County to be considered alike.

The first study to be considered is the one by George I. Sanchez, Forgotten People.[17] It is an account of his own people and the problems which are confronted in a society governed by Anglo norms. This study was made prior

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[16]Federal Security Agency, National Office of Vital Statistics, Public Health Service (Washington, 1940-1950); and State Department of Public Health, Department of Vital Statistics (Santa Fe, New Mexico, 1940-1950).

[17]George I. Sanchez, Forgotten People (Albuquerque, New Mexico, 1940), 98 pp.

to the establishment of the Taos County Cooperative Health Association as an interpretative survey of the social and economic conditions faced by that sector of the population of New Mexico that is of Spanish extraction.

Sanchez begins his book with the coming of the Conquistadores[18] and follows quickly with the building of the social background which characterizes the Spanish-American today. He does not try to defend the Spanish-American, but instead points out their faults as well as those of the Anglo, and tries to arrive at an objective evaluation of conditions at present.

A study made by Michael Pijoan, M. D., entitled "Food Availability and Social Function,"[19] showed the effects of poor diet on school children of Taos County. It was found that the diet of the people in the County was among the lowest in the United States in nutritional value. One of the deficiencies in the diet was protein, causing low hemoglobin content and resulting in lower resistance to diseases. Pijoan was working on the study in close cooperation with the Taos County Project and the public nurses connected with the Taos County area. Because of the

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[18]Translated, Conquerors

[19]Michael Pijoan, "Food Availability and Social Function," New Mexico Quarterly Review, Vol. XII, No. 4 (November, 1942), pp. 1-6.

deficiencies in the diets of Taos County children found by Pijoan, the Taos County Project helped establish hot lunch programs in the schools. It was hoped that better food would improve the health of the children immediately and help the people to select better diets over a period of years.

The work edited by Margaret Mead, Cultural Patterns and Technical Change[20] treats the cultural concepts of the Spanish-American people of the Southwest of many years ago as compared to possible change taking place today. The Spanish-American's attitude toward his family, community, and religion have changed very little, according to Mead. The idea of time, attitude toward work, food and nutrition, health and sickness, and his feelings toward strangers have changed to some small degree. Mead feels that when the Spanish-speaking person loses his family and community contacts as he takes up work in the city, his feeling of security is lost and changes are forced onto him faster than they can be absorbed, causing him to quit his job and again seek his own people. Mead demonstrates the importance of the human element in determining the rate at which scientific improvements can be applied in communities which have lived for many years according to tradition.

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[20] Margaret Mead, (ed.) Cultural Patterns and Technical Change (UNESCO New York, 1955), pp. 151-177.

Paul A. F. Walter, Jr., in his doctor's thesis, "A Study of Isolation and Social Change in Three Spanish-Speaking Villages of New Mexico,"[21] shows a similar resistance to change as in the case of Mead. Walter gives a very clear picture of the way of life in some of the communities which are located off the main thoroughfares in New Mexico. He presents the social organization of the three villages in question and shows the very slow rate of social change which has taken place over the years.

An article which shows the attempt at culture change that goes on in the Spanish-American community, due to outside influence, is "Acculturation Among New Mexican Villages in Comparison to Adjustment Patterns of Other Spanish-Speaking Americans,"[22] by Donovan Senter. He suggests that there are three possibilities of adjustment for minority groups in New Mexico. The first is to attempt to maintain their own culture. The second possibility is to change to the new culture in which they will be lost, and the third

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[21]Paul A. F. Walter, Jr., "A Study of Isolation and Social Change in Three Spanish-Speaking Villages of New Mexico" (Unpublished Ph. D. thesis, Stanford University, 1938), 373 numbered leaves.

[22]Donovan Senter, "Acculturation Among New Mexican Villages in Comparison to Adjustment Patterns of Other Spanish-Speaking Americans," Rural Sociology, X (March, 1945), pp. 31-47.

is to develop a foreign culture to their own or that of the majority group.

Some of the problems of rural-social organization in the lower-economic groups of Spanish-Americans are discussed by Sigurd Johansen in his study, Rural Social Organization in a Spanish-American Culture Area.[23] He points out some of the more important and well defined social-cultural problems which have caused much dissatisfaction in the Spanish-speaking ethnic groups. Johansen thinks that a revised method of handling the Spanish-American problem of education and work outlet is necessary before a complete disintegration of their social-cultural pattern takes place.

A group of studies edited by Benjamin Paul, entitled Health, Culture, and Community[24] shows community reaction to health programs and health situations in sixteen widely differing communities in the world. One of the communities included in the sixteen studied is Costilla County, Colorado. This county started a cooperative health association similar to the Taos County Cooperative Health Association in New Mexico. The counties adjoin, and it is felt the problems of both were similar.

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[23]Sigurd Johansen, Rural Social Organization in a Spanish-American Culture Area (Albuquerque, 1948), 146 pp.

[24]Benjamin D. Paul, (ed.) Health Culture and Community (New York, 1955), 493 pp.

The cultural concepts of land and ownership of land held by the Spanish-speaking people of New Mexico has been treated very well by Olen Leonard in his doctor's thesis, "The Role of the Land Grant in the Social Processes of a Spanish-American Village in New Mexico."[25] Leonard treats the history of land grants in New Mexico and change in land holdings since that time. He shows the social change that has been necessary as the Spanish-speaking people have lost much of their original grants.

IV. LITERATURE EXPRESSING BASIC CONCEPTS OF DEVELOPMENT AND ORGANIZATION APPLICABLE TO THE TAOS COUNTY COOPERATIVE HEALTH ASSOCIATION

In the fourth group of materials are those textbooks and similar studies that act as a frame of reference for the study.

Considerable reliance was placed in the work of Paul A. F. Walter, Jr., Race and Cultural Relations.[26]

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[25]Olen Leonard, "The Role of the Land Grant in the Social Organization and Social Processes of a Spanish-American Village in New Mexico" (Unpublished Ph. D. thesis, Louisiana State University and Agricultural and Mechanical College, Baton Rouge, Louisiana, 1943), 154 pp.

[26]Paul A. F. Walter, Jr., Race and Cultural Relations (New York, 1952), pp. 1-100, 325-342, and 397-401.

Part I of this book deals with the sociological problems that arise in everyday life. Walter goes into detail explaining the problems of ethnic groups and race prejudice and their acculturation and conditions of assimilation. Walter gives the cultural adjustment of the Spanish-speaking Americans considerable study and points out many problems which arise in their community.

Another book which was used for materials about rural-social life was Rural Social Systems,[27] by Charles P. Loomis and J. Allan Beegle. The subject is treated with regard to what makes up a social system, its social structure, kind of interaction, variations in value orientation, and the type of social systems, their purposes and functions.

Loomis and Beegle also go into detail in the matter of rural health and medical care in different rural areas. Health concepts of people from different cultural backgrounds are discussed as well as some future suggestions in serving health needs.

Two books were used in the field of population analysis. The first was by Warren S. Thompson, entitled Population Problems.[28] The second was Population Analysis,

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[27]Charles P. Loomis and J. Allan Beegle, Rural Social Systems (New York, 1950), pp. 3-175, and 708-780.

[28]Warren S. Thompson, Population Problems (New York, 1953), pp. 96-125.

by T. Lynn Smith.[29] Both of these studies present the reasons for continual shifts in population from one region to another in the United States. They go on to explain the reasons for growth and decline of population within different cultural groups.

"The Patterns of Community Involvement," by Christopher Sower,[30] treats the ways in which people may become involved in cooperative enterprises. He says that the readiness to accept change is related to the person's status in the community. It is Sower's belief that new ideas are accepted less readily by people in low-economic brackets than by people in high-economic brackets.

Another book on community organization is the one by Irwin T. Sanders, entitled Making Good Communities Better.[31] Sanders suggests five steps in promoting a program involving change. The first step is to get the idea well in mind. The second step is to secure all the facts concerning the idea or program. Planning the program in detail in light of the facts discovered is the third step. The fourth is

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[29]T. Lynn Smith, Population Analysis (New York, 1948), pp. 1-53.

[30]Christopher Sower, "The Patterns of Community Involvement," (Unpublished manuscript, Michigan State University, East Lansing, Michigan, 1954), 328 numbered leaves.

[31]Irwin T. Sanders, Making Good Communities Better (Lexington, Kentucky, 1950), 174 pp.

to start forward on the program, and the fifth is a continual evaluation and reshifting as the work progresses.

One other work on community development, mentioned because of the suggestions offered in determining the needs and desires of communities, is Adult Education, The Community Approach, by Sheats, Jayne, and Spence.[32] The writers explain that an adult education worker must first know how to use the tools and techniques of carrying on an adult education program. The adult education worker must also become acquainted with the leaders in the community and suggest the ways all can work together for better cooperation.

V. LITERATURE PERTAINING TO THE HISTORICAL BACKGROUND OF TAOS COUNTY

In order to become better acquainted with the history and background of the study, certain historical events must be presented. The last group of materials includes those studies which present historical sketches of New Mexico, and more especially of Taos County.

For the general history of New Mexico, three outstanding works were used. The first, by Charles F. Coan,

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[32]Paul H. Sheats, C. D. Jayne, and R. B. Spence, Adult Education, The Community Approach (New York, 1953), 530 pp.

is A History of New Mexico.[33] Coan lists the important events which happened in New Mexico chronologically, and at the same time, develops interesting sidelights of those events in a very complete manner. He begins the presentation with a study of the Indian culture and tribes and traces events through Spanish Exploration and conflict with the Indians to United States control and eventual statehood of New Mexico.

The second reference to general history is the five-volume work by Ralph E. Twitchell, Leading Facts of New Mexican History.[34] This author also goes into lengthy discussions of historical events involving the early Indian tribes, Spanish colonization, and Spanish religious activities. Twitchell's contributions carry the reader through the important events leading to the organization of New Mexico as a state. The five volumes are indexed for ready reference to any major event in the development of the State's history.

In addition to the two historical references just mentioned, the text, New Mexico History and Civics, by

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[33]Charles F. Coan, A History of New Mexico (New York, 1925), 586 pp.

[34]Ralph E. Twitchell, Leading Facts of New Mexican History (Cedar Rapids, 1911-1912), 5 vols.

Lansing B. Bloom and Thomas C. Donnelly[35] was used both as a historical reference and for the development of the civic and governmental organizations of the State.

Several volumes of the New Mexico Historical Review,[36] in which authors treat various subjects pertinent to the history of New Mexico and Taos County, have been used.

A number of other books written in a popular vein pertain to the history of New Mexico and Taos County. They were reviewed for sidelights on ways of life of the early pioneers. Among the books written in such a manner are Erna Fergusson's New Mexico, A Pagent of Three Peoples;[37] Clyde Kluckhohn's To the Foot of the Rainbow;[38] Charles F.

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[35]Lansing B. Bloom and Thomas C. Donnelly, New Mexico History and Civics (Albuquerque, 1933), 539 pp.

[36]Cecil V. Romero, "The Riddle of the Adobe," New Mexico Historical Review, IV (January, 1921), pp. 350-371; Fray A. Chavez, "The Penitentes of New Mexico," New Mexico Historical Review, XXIX (April, 1954), pp. 97-123; and Harold H. Dunham, "New Mexican Land Grants with Special Reference to the Title Papers of the Maxwell Grant," New Mexico Historical Review, XXX (January, 1955), pp. 1-22.

[37]Erna Fergusson, New Mexico, A Pagent of Three Peoples (New York, 1951), 408 pp.

[38]Clyde Kluckhohn, To the Foot of the Rainbow (New York, 1927), 276 pp.

Lummis' The Land of Poco Tiempo;[39] and the book, Wah-To-Yah and the Taos Trail,[40] by Lewis H. Garrard.

A study which pertains to the history of education in the State was used as a reference in that area. This was a thesis by Robert A. Moyers, entitled "A History of Education in New Mexico."[41] In this study Moyers traces the legislative acts which have helped educational growth in the State. He lists many problems which still confront education in a society of many cultures.

It is evident from the review of the literature just cited that there is very little material which is directly related to the Taos County Cooperative Health Association. Therefore, it was necessary to secure materials which were related indirectly to the program in order to establish a frame of reference for the study.

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[39]Charles F. Lummis, The Land of Poco Tiempo (Albuquerque, 1952), 236 pp.

[40]Lewis H. Garrard, Wah-To-Yah and the Taos Trail (Norman, Oklahoma, 1955), 298 pp.

[41]Robert A. Moyers, "A History of Education in New Mexico," (Unpublished Ph. D. thesis, George Peabody College, 1941), 819 numbered leaves.

CHAPTER III

HISTORY AND PHYSICAL SETTING

Taos is one of the northern-most counties of New Mexico, located in the approximate center of the tier of counties just across the border from Colorado. In Figure I on the following page Taos County is shown in relation to the other counties of the State. It is irregular in outline, extending sixty-nine miles from the northern boundary to its southern-most tip and averages thirty-eight miles in width. The 1950 census gives Taos County 2,256 square miles which, for the sake of comparison, is slightly larger than the state of Delaware.

The topography of the County is divided into three main features. The eastern portion of the County is composed of the rugged mountains included in the majestic Sangre de Cristo Range.[1] Among many high points in this range is Wheeler Peak, which rises to an elevation of 13,180 feet, giving it the distinction of being the highest point in New Mexico

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[1]Translated, "Blood of Christ."
The name was given by the Spaniards to the mountains on the east side of Taos Valley when they first observed them in the evening bathed in red from the setting sun.

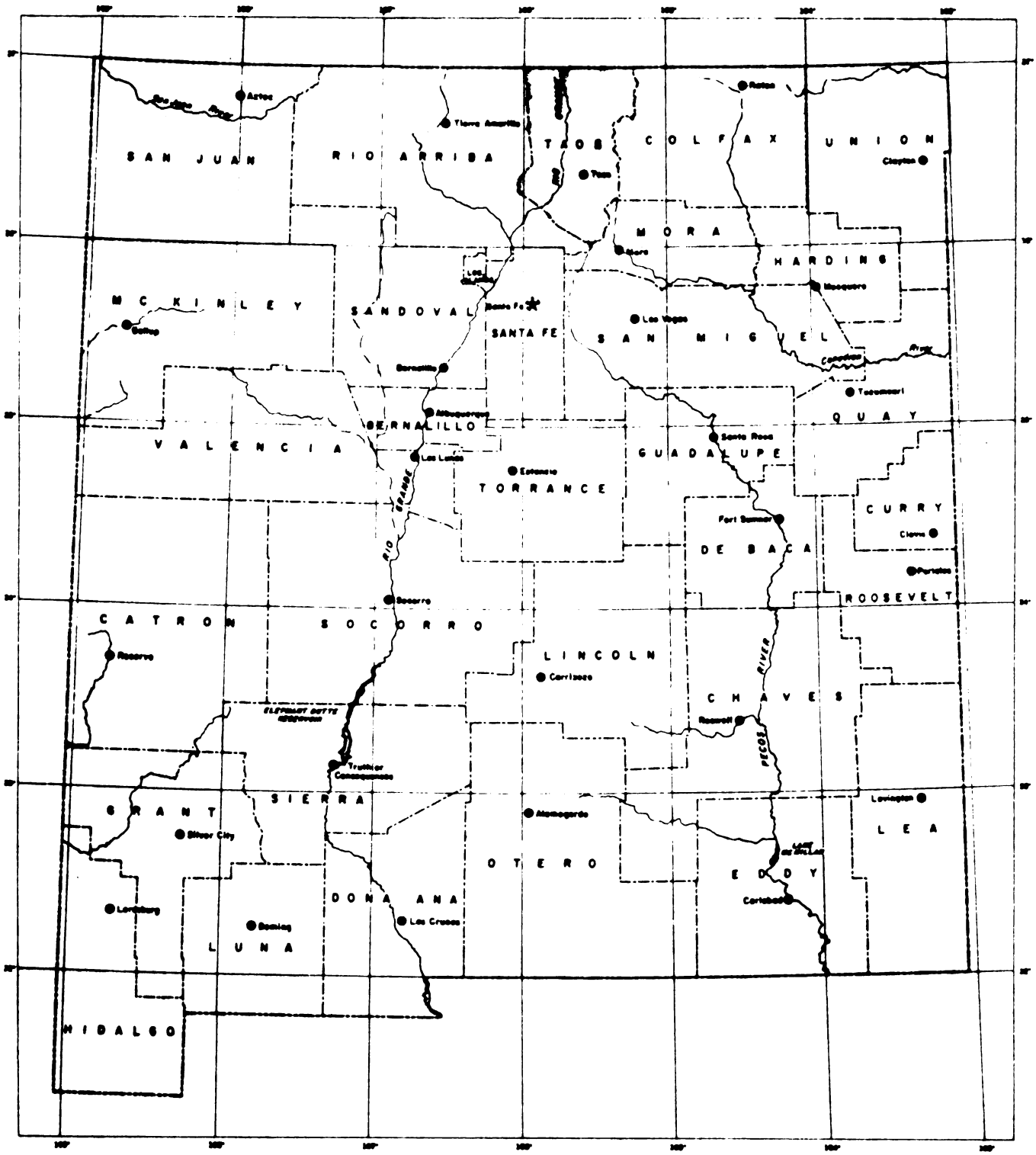

FIGURE I

NEW MEXICO

1954

A relief map of the area[2] shows the center portion of the County cut deeply by the gorge of the fabled Rio Grande[3] which rises in Colorado and enters Taos County from the north and leaves the County from the southwest corner. The river bed of the Rio Grande lies from three to six hundred feet below the surrounding mesa. The canyon formed by this rushing river has rough, precipitous sides which caused highway engineers considerable difficulty in establishing the three present crossings.[4] All but one of the fifteen smaller streams which feed the narrow agricultural valleys rise in the Sangre de Cristo mountains on the eastern side of the County and eventually empty into the Rio Grande.

West of the River is a fairly flat mesa interspersed with small hills and deep arroyos. There is only one small stream on this side of the Rio Grande which is dry ten months of the year. Every square foot of ground in the County is over a mile high in elevation, and the climate

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[2]United States Geological Survey Headquarters, Albuquerque, New Mexico.
Map used was the Quadrangle of Taos and Vicinity, New Mexico, 1936.

[3]Translated, "Grand River."
The name used by the early Spanish explorers, however, was Rio del Norte, which means "River from the North."

[4]The river crossings referred to are those in Taos County. In order to build the bridges, a road leading to the river on each side had to be blasted out of the steep rocky canyon walls.

is considerably cooler the year around than in much of the State. Summer temperatures of 60 degrees to 80 degrees, with humidity readings from 10 per cent to 12 per cent, are not uncommon, while in the winter the thermometer can drop to 30 degrees below zero on the coldest nights.[5] In the higher mountain areas temperatures are correspondingly lower.

The original range grasses, which grew in abundance, have been killed by over-grazing, leaving weeds, sage, cactus, and inferior wild grasses. Some cattle and sheep are grazed on the mesa west of the Rio Grande; but the livestock show the effects of poor quality feed. The rainfall, which is seldom more than 12 inches a year, is not enough to hold the light soil in place. Consequently, sandstorms occur in the windy spring months and if they occur frequently, are very unhealthful, causing a kind of dust pneumonia in livestock.

Along the small fertile valleys, where irrigation water can be secured, there are numerous small farms on which small grains and alfalfa are raised. However, because of the size of families and the smallness of farms, produce raised is mainly for home consumption. Usually there is a small garden plot for each family; but chickens, pigs, or milch cows are seldom seen. Each valley has its own little

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[5]United States Weather Bureau Office, Albuquerque, New Mexico.

village in which the farmers live, and it is a common sight each morning to see the farmers going out from the village to work on their respective farms. The population of these villages is dependent upon the capacity of the land and the available water supply.

The mountain areas had an original covering of pine, fir, and spruce. Much of the timber, however, has been removed by logging operations of several companies, and each of them had little regard for conservation. At the present time the National Forest Service controls cutting operations in their national forests, and a State logging regulation requires that four seed trees per acre are left to provide natural regeneration on State and privately owned lands.[6]

The history of the Indians of Taos County is an interesting study in itself, but time and space will not permit developing that aspect at the present time.[7] It must be mentioned, however, that when the Spanish Conquistadores first entered the scene in 1541,[8] the Pueblo Indians at Taos, numbering 2,500, were farming the rich

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[6]State of New Mexico Regulations on Reforestation, 1938, Santa Fe Land Office, Capitol Building, Santa Fe, New Mexico.

A seed tree is any healthy tree that measures twelve inches in diameter at a height of four feet above the ground.

[7]Charles F. Coan, A History of New Mexico (New York, 1925), pp. 115-133.

[8]Ibid, pp. 45-47.

valley bottom lands, using crude irrigation methods to supply the much needed water. They had a distinct culture of their own.

Paul A. F. Walter, Jr., in defining culture, states that,

> Culture is the learned ways of acting and thinking which are transmitted by group members to other group members and which provide for each individual ready-made and tested solutions for vital life problems. While the rudiments of the transference of acquired habits from old to young may be seen in some of the higher animals, only in man is the scope of such transmission so broad as to constitute the major factor in his life adjustment. Thus culture may be thought of as a highly distinctive and important human attribute, but it is essentially a group attribute and never the invention of the isolated individual.[9]

Margaret Mead, when speaking of culture, refers to it as,

> . . . an abstraction from the body of learned behavior which a group of people who share the same tradition transmit entire to their children and, in part, to adult immigrants who become members of the society. It covers not only arts and sciences, religions and philosophies to which the word "culture" has historically applied, but also the system of technology, the political practices, the small intimate habits of daily life, such as the way of preparing or eating food, or of hushing a child to sleep, as well as the method of electing a prime minister or changing the constitution.[10]

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[9]Paul A. F. Walter, Jr., Race and Cultural Relations (New York, 1952), pp. 17-18.

[10]Margaret Mead, Cultural Patterns and Technical Change (UNESCO, New York, reprint 1955), pp. 12-13.

The Taos Indian culture has been handed down from generation to generation without any outside influence to interrupt their way of life. They had their own methods of education for their young people and their own beliefs in the hereafter. Their dances and ceremonials portrayed their feelings toward their work, their play, and their sorrow. They lived in the present. They were not much inclined to worry about what the tomorrow would bring.

The architecture of the buildings of Taos County is extremely interesting in design and conforms to that found in the Southwest in general. The Indian pueblos are made of readily available materials, such as clay adobes, stones, and vigas,[11] which are fashioned into livable dwellings. The structures have thick earthen walls and roofs, making them cool in summer and warm in winter. The Taos Pueblo today consists of two separate pyramid-type structures of several stories which house approximately two hundred and fifty people each.

The Spanish people copied the Indian methods of building and retained the design of houses to a large extent. In building the churches, however, the Spanish architectural

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[11]Translated, beam or rafter.
In finishing the flat roof on a building, the vigas are placed from one wall to another at close intervals to support the brush, straw, and earth, in that order.

style of old Spain was copied; but the readily available materials of the area were still used.

With the advent of the Spanish Conquest of the Southwest a new culture was introduced. The Spanish, many thousands of miles away from their native homeland, were intent on securing converts for the Catholic Church and land for the Spanish Crown. Whenever a different tribe of Indians was encountered, a church was built and a padre[12] assigned to it to convert the unbelievers to the Catholic faith. The first Spanish conqueror to enter Taos County was Juan de Onate on July 14, 1598.[13] The first Catholic mission was established sometime between 1601 and 1617, at what is now Ranches of Taos, shown in Figure II on the following page. There is some dispute, however, as to whether Pedro de Miranda or Francisco de Zamora,[14] both Franciscan Friars, was its founder.

The Spanish were very devout in their religion, and it was part of their culture to convert as many of the conquered people to their ways as possible. The Indian was willing to accept the God of the Christians as an additional

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[12]Translated, Father.
Used to denote reverence to the men affiliated with the Catholic Church.

[13]Coan, op. cit., pp. 45-48.

[14]Coan, op. cit., p. 47.

FIGURE II

TAOS COUNTY
NEW MEXICO
Scale 1/8" = 1 mile

protecting power, but they could not give up their own beliefs without destroying their organized tribal life. The Pueblo Revolt of 1680 was mainly caused by the conflict between the Indian and the Spanish way of life.[15] There was a period of ten years prior to 1680 in which very little rain fell, and the Indians believed that the religious and social customs of the Spanish had cast a spell over their Gods. In order to throw off this spell, the Pueblo tribes united and overthrew the Spanish rule. It was not until 1693 that Don Diego de Vargas reconquered the Indians and reestablished the colonies and missions in New Mexico.

According to Spanish law, the lands that had been conquered by the different Spanish adventurers in the New World belonged to the Crown.[16] The Crown in turn disposed of its holdings by issuing three different types of land grants.[17] The first was a type of grant allotted to favorite officers of the various expeditions as pay, or reward, for services rendered to the Crown. The officers, on the

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[15]Coan, op. cit., pp. 199-207; and Lansing B. Bloom and Thomas C. Donnelly, New Mexico History and Civics (Albuquerque, 1933), pp. 107-113.

[16]Coan, op. cit., pp. 134-141; and Thomas Donaldson, The Public Domain (Washington, 1884), pp. 400-402.

[17]Olen E. Leonard, "The Role of the Land Grant in the Social Organization and Social Processes of a Spanish-American Village in New Mexico," (Unpublished Ph. D. thesis, Louisiana State College, Baton Rouge, 1943), p. 75.

other hand, were to develop colonies within their grants in order to take care of the men and their families who helped win the campaigns.[18]

The second type of land grant was a gift to political favorites. The third type of land grant was that which was secured by a group of settlers who had banded together and wished to establish a colony in the New World. In all three cases it was the desire of the Spanish Crown to encourage settlement of the newly acquired territory and expand its empire. Grants given in these ways included agricultural, as well as grazing land. The proprietor of each grant recognized these two types of land in apportioning his holdings. Each individual in the colony was given a piece of agricultural ground along a stream for his own use, but the grazing land on the higher elevations was retained as community property to be used by anyone who owned cattle or sheep. The proprietor of each grant also made a set of rules of ownership that applied to the individuals in his colony. Each person that secured land must hold it for a specified number of years after which he could sell it, if he so desired, to another colonist or to other Spanish immigrants who arrived later on the scene.

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[18]Donaldson, op. cit., p. 1126; and Leonard, op. cit., p. 576.

There was a large exchange of land from one owner to another in the years that followed. Titles or documentary evidence of ownership was not thought necessary at that time, because the word of an owner in regard to his holdings was sufficient. The original grants were never accurately surveyed to establish exact boundary lines. When it became necessary to establish correct titles as proof of ownership, it was almost an impossibility. There are, even today, many legal disputes over correct ownership of land in New Mexico.[19] The history of New Mexico is full of stories about true and fraudulent land claims that have been backed up by gun fights and lawsuits throughout the years. The folklore thus developed has furnished the basis for many plots by writers of fiction in the hundreds of stories published about the Southwest.

After the reconquest of New Mexico in 1693, the Spanish people lived in almost complete isolation from the rest of the world for nearly two hundred years. Spain was too far removed from New Mexico for her to assume complete control; consequently, the people in the New World were on their own to hold the territory taken from the Indians, to

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[19]United States Department of Agriculture, Soil Conservation Service, "Notes on the Community-Owned Land Grants in New Mexico" (Albuquerque, New Mexico, 1937), p. 1-4 (Mimeographed); and Coan, op. cit., p. 474; and Leonard, op. cit., p. 74.

elect their own governmental officials, and establish and maintain their churches. The wandering Comanches to the north and east were constantly raiding the Indian pueblos and white communities at Taos for food and for women and children to enlarge their tribe. It was necessary for Indians and whites to combine forces in that area against the common foe.[20]

When Mexico gained its independence from Spain in 1821, the seat of government was still too far removed from New Mexico to furnish protection to the outlying harassed communities.[21] Taos, one of the furthermost outposts of the new Mexican Republic, still had to take care of its own affairs by protecting its community and keeping up the customs of family religious and political life which corresponded to those of their mother country.

The Treaty of Guadalupe Hidalgo, signed in 1848, gave all the people of New Mexico full rights as citizens of the United States.[22] Also, the individuals who wished to remain citizens of the Mexican Republic could elect to move out of

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[20]Bloom and Donnelly, op. cit., p. 150; and Leonard, op. cit., p. 80.

[21]Coan, op. cit., p. 317.

[22]Bloom and Donnelly, op. cit., p. 213; and Coan, op. cit., p. 140; and G. I. Sanchez, Forgotten People (Albuquerque, 1940), pp. 21-35.

the New Mexico Territory within one year after the signing of the Treaty. In Taos the people had been in isolation for so many years that they were not much concerned about who held the reins of government. They had been handling their own affairs for such long periods that a change of government under a new country made little difference to them. All they wanted was to be left alone.

Although previous communication between Taos and Mexico had been very slight, the signing of the Treaty of Guadalupe Hidalgo ended it altogether. The few Mexican immigrants who came into the New Mexico Territory after the Treaty of Guadalupe Hidalgo settled in the southern areas near the Mexican border for easy access to that country. Opportunity for contacts between the Taosenos[23] and people of English culture were derived from the trappers and traders who had come into the Territory at an earlier period. The streams of northern New Mexico in 1821 abounded in beaver,[24] and the trappers from the States seized this opportunity for quick wealth. The streams had given up their supply of beaver by 1826,[25] but the trade routes which

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[23]Translated, people of Taos.

[24]Coan, op. cit., p. 301; and Bloom and Donnelly, op. cit., p. 197.

[25]Ibid.

had been established made the community of Taos a brawling frontier town. Everyone on the way further west or to the east passed through that community. A common farewell after chance meetings on the trail was, "Adios, see you in Taos."[26]

The Taosenos were agriculturists and loved a peaceful life. They were not impressed by the foreign element that had settled in their community and made it a noisy town. As a result, the native Spanish drew further into his shell and did not pick up American ways but clung desperately to their own.[27] The only communication carried on with these outsiders occurred in connection with selling their agricultural produce and buying necessary items. It might be said that the only cultural changes which the Spanish accepted were those Indian ways enabling them to make more comfortable living in a foreign land.[28]

As has been mentioned earlier in this chapter, the land in the New Mexico Territory was held by a few people who were given grants by the Crown of Spain and the Mexican Republic. The communities established on the grants were under the rule of a single proprietor, or patron, who was the leader of the people. He was looked to for protection

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[26]Reports on file in the office of the Chamber of Commerce, Taos, New Mexico.

[27]Bloom and Donnelly, op. cit., p. 196.

[28]Leonard, op. cit., p. 31.

and advice by the laborers, or peons, and was lord and master with final authority in all matters except those of a religious nature. At the present time the old Spanish patron-peon pattern[29] still is in effect in the communities of Taos County. In each village there is one man who usually acts as the leader and speaks for the group. He usually is better off in an economic way than the rest of the people in the village; he usually is an older member of the community, and his right of authority often has been passed on to him from his father. This line of authority usually stays in one family and is passed down from father to son. The villagers support his ideas and will work at community projects at his suggestion, or will refrain from taking part in other affairs as he advises. Walter has expressed very well what happens when the patron-peon complex of a community is disrupted, and the people are required to make decisions of their own when he states:

> This is the pattern of relationships and interdependence which these people best understand, and where outside forces have at times disrupted it, in a few of their communities, they are bewildered and comparatively helpless. They do not understand the doctrines of individual initiative and self-reliance so much emphasized in the American creed.[30]

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[29]Paul A. F. Walter, Jr., "A Study of Isolation and Social Change in Three Spanish-Speaking Villages of New Mexico," (Unpublished Ph. D. thesis, Stanford University, 1938), p. 70.

[30]Ibid, p. 72.

This was proven true when the Anglo trappers and traders first entered the area and established new enterprises and mediums of exchange. The native Spanish people, accustomed as they were to living under the patron-peon way of life, were not ready to compete with the more aggressive newcomers. The language barrier in itself was almost insurmountable. The Anglo was not interested in converts to a new religious faith; nor did he, as a general rule, attempt to learn the ways of the people with whom he came in contact. His own culture was dominant as far as the Anglo was concerned, and others could conform to it if they desired.

The development of trade routes with the community of Taos as a stopping point on the way to and from the more western centers brought many men and a few women to the Taos area. Some marriages of Anglo traders and Spanish-speaking women took place, although the number of such marriages was not large.[31] Prior to this time, however, there were many offspring born as a result of Spanish and Indian relationships.

When gold was discovered in California in 1849, the opening of the West began in earnest; and many wagon trains

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[31]Ibid; and Lyle Saunders, Cultural Difference and Medical Care (New York, 1954), p. 46.

passed through Taos, using the old trade routes to get to their destination as quickly as possible. At that time the Southwest was the last frontier. When the more aggressive Anglo invaded this arid region of simple-living people, he found them unaccustomed to shrewd business dealings. They were not culturally equipped to compete with the influx of English-speaking people from the United States.

After the Civil War, ranchers, soldiers, and people of all descriptions came to the Southwest. Land could be obtained by merely moving in and starting ranching operations. The Spanish people who had secured the land by original grants could not protect their rights and, for lack of legal titles, repeatedly lost their holdings in court of law.[32] The Treaty of Guadalupe Hidalgo had assured those who possessed land grants that their claims would be honored. However, as has been mentioned earlier, correct boundary lines were not established; and many decades had passed since the grants originally had been made. Also, many of the original grantees had died so that those sources of information concerning the grants were not available. In the meantime, during the Pueblo Revolt of 1680, the Indians had destroyed listed records of grants in Santa Fe; so that

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[32]Coan, op. cit., p. 474.

source of information on the grants was no longer available.[33] It must be mentioned that the courts of law had only one recourse, and that was to do the best job they could from information which could be gathered. Settlement of claims usually disposed of only the agricultural lands on which the Spanish lived, leaving the grazing land open to settlement by ranchers.[34]

Boundaries of grants which could be established by law were kept in tact, and ranchers who had unlawfully started operations were forced to move or pay just settlements for use of the land. Today many of the grants which weathered the storm of legal action have been lost for back taxes except for portions of agricultural lands along the streams.[35] Here, as in the past, the Spanish people live and often eke out a mere existence. They cling to these homes desperately and always keep some member of their family there for fear of losing this land also. These conditions are especially applicable to Taos County.

Formal education was not one of the requirements for existence of the Spanish people when they came to the New World. Little thought was given to schools at Taos until Father Antonio Jose Martinez started a school at his home

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[33]Coan, op. cit., pp. 475-479.

[34]Leonard, op. cit., pp. 82-89. [35]Ibid.

in 1826.[36] He also established the first newspaper, El Crespusculo, The Dawn, in the County in 1843,[37] through which he tried to enlighten the Taosenos on issues of the day which tended to counteract their cultural isolation.[38] At the present time Taos County has schools located in the more thickly populated sections, and school busses pick up those in the more isolated areas. Teachers in the County are not as well paid as those who teach in the larger cities of the State, and this factor tends to affect the quality of teachers who can be secured. Schools are based on American standards, and English is required as the language of instruction. Children reared in Spanish homes learn only that language and as they enter the first year of school, are confronted with a language barrier as well as changed cultural surroundings. They think in Spanish, talk in Spanish, and play in Spanish. Consequently, due to these handicaps, the Spanish child is from one to three years behind an English-speaking child of the same age.[39] It is only natural that Spanish-speaking children drop out of the artificial school environment as soon as they are needed at home to help earn a living or when they reach the age of

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[36]Bloom and Donnelly, op. cit., p. 187; and Coan, op. cit., p. 325.

[37]Sanchez, op. cit., p. 50. [38]Ibid, p. 51.

[39]Ibid, pp. 30-33.

sixteen, the upper compulsory school attendance age. These students must not be considered inferior in mentality. If the educational opportunities for English and Spanish children were the same, the investigator is of the opinion that there would be little difference in learning ability.

Most of the Taosenos still cling to the religion of their ancestors. Because of their long period of isolation, some of the religious practices of today are similar to those of Spain in 1500. When the Spaniards came to Taos in the Sixteenth Century, they made an attempt to convert the Pueblo Indians in the vicinity to the Catholic faith. The Indians accepted the white man's "saints" but not in a true Christian sense. Coan says in regard to Indian religious practices that, "Christian beliefs were added to their own beliefs as additional means of obtaining assistance from the forces of nature."[40] Attempts to crush out the native beliefs of the Indians at Taos always have been unsuccessful, because the native Indian religion is part of the foundation of organized society in the pueblo.[41]

The early Catholic leaders who came to New Mexico were appointed by the State. There was a close association between the Church and State, and many of the religious leaders were also leaders of governmental affairs.[42] When

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[40]Coan, op. cit., p. 362. [41]Ibid. [42]Ibid.

New Mexico came under the jurisdiction of the United States, an attempt was made by Bishop John B. Lamy to raise the conceptions of Christianity in the Territory.[43] Bishop Lamy was very thorough in this undertaking, but at Taos the native Spanish people had been isolated for so many years that many of them resisted any change in their religious activities. The controversial order of _los Hermanos Penitentes_,[44] which is active at Taos, was objected to by Bishop Lamy; and many of the old order of Franciscan Fathers were excommunicated through his influence, because they did not conform to the new Catholic ideas.[45] There are still many Spanish people in Taos County who follow the Penitentes' beliefs, for it is a manifestation of religion in which they can find refuge from modern world cares.[46]

Spanish-American families of Taos County are large, and in many instances grandparents live in the same household with the married son or daughter in addition to their numerous grandchildren. They all share the same lot. The

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[43]Bloom and Donnelly, _op. cit._, pp. 222-224; and Coan, _op. cit._, p. 363.

[44]Translated, "The Penitent Brotherhood."
This is a lay Franciscan order that was started in Spain in the Fifteenth Century, and still is active in Taos as well as other villages in the State.

[45]Coan, _op. cit._, p. 363.

[46]Statement by Dr. Dorothy Woodard, personal interview.

familistic patterns of authority in early families were Gemeinschaft[47] in nature, and the head of the household was the guiding influence in all matters. The older people were always consulted, even when the simple problems arose. The idea of consultation with older people is still common today.

The work responsibilities of each family member are well defined. The women take care of the children in teaching them manners, care of younger children, and rudiments of religion. The women also act as doctors and nurses, as the occasion demands. The women and children carry the water, prepare the raw foods for storage, prepare the meals, and take care of the house and yard. The men and older boys construct the buildings, work in the fields, and manage the flocks. The men also take care of the political affairs of the community.

At the present time the trend is toward more freedom on the part of the younger generation, and a breaking away from family ties and authority is noticeable. The Spanish-speaking children seem to be copying the habits and ideas

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[47]Charles P. Loomis and J. Allan Beegle, Rural Social Systems (New York, 1950), p. 72 and pp. 784-785.
This is the term used to express that familistic solidarity found in early pioneer families where each member depends upon the other members of the family for their existence.

of their Anglo schoolmates and resenting the absolute authority of their parents.[48]

Very little trouble occurs when it is necessary to settle an inheritance. All property is owned by the parents until they die. It is then divided equally among the children. Clearly, the number of acres of land owned by one person must become smaller and smaller with each generation. This is very noticeable in the irrigated agricultural areas along the streams. Farms that consisted at one time of three and four hundred acres have been divided over and over again until at present they consist of only five and ten acres.

Farms originally were laid out at right angles to irrigation ditches in order for each person to obtain a supply of water. These farms extended in depth to include all of the usable agricultural land in the valley. The present redivision follows the same pattern, so present farms may be only a few feet wide and over a half mile in length, depending on the contour of the land.

Mention was made of the difficulties encountered upon settlements of land grants and claims. The Spanish families of Taos still cling to these narrow strips of land,

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[48]Donovan Senter, "Villages of the Saints," (Unpublished manuscript, University of New Mexico, 1942), p. 355.

for to them the land represents a tie to the past and some measure of livelihood at present.

When driving through Taos County, the traveler will notice the rundown conditions of the homes and farmsteads. The buildings are in need of repair, the fences sag between posts, the dirt roads are deeply rutted, and tumbleweeds grow in profusion. In earlier times this same land produced sufficient feed for farmers' livestock, and the range lands grew enough grass for large herds of sheep and cattle. At one time Taos County was known as the granary of the West, and wheat was hauled overland to other trade centers.

The early economy of the County was mostly on a barter basis. Items or materials were secured by trade of produce or stock, and help was obtained by exchange of work on the farms and ranches. Large families helped to reduce the work load of each member. Money, as such, was scarce; but it was not absolutely necessary. Under the earlier patron-peon pattern of life, if the workers did not secure enough during the year with which to live, the patron took care of their needs and helped those families through the lean months.[49] In later years the kinship group took care of its own people and kept them from want.

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[49]Walter, op. cit., pp. 70-71.

Following the annexation of the New Mexico Territory by the United States, competition for the range lands became quite intense. The Indians were congregated on reservations, and grants of range land previously owned by Spanish-speaking people passed, by one means or another, into the hands of enterprising and perhaps not too scrupulous Americans.[50] Some national forests were established in Taos County, which also tended to narrow the open range available.

The influx of Anglo people in the Territory, with discovery of gold in the Red River and Twining communities and subsequent building of railroads, increased the population beyond the natural capacity that the agricultural and range lands could feed. Also, the increased size of herds of livestock, which were developed to take care of the increased demand for meat, fast depleted the grass on the open range.

An inevitable decline took place after the railroads were built and mines were established. Large commercial livestock companies acquired most of the range land, forcing

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[50]United States Department of Agriculture, Soil Conservation Service, "Village Livelihood in the Upper Rio Grande Area," (Albuquerque, 1937), p. 2. (Mimeographed)

the small livestock herder to accept contracts as partidarios[51] with the larger companies.

The following description by Harper, Oberg, and Cordova will give the reader a better picture of how the Spanish-American herder fares under such an arrangement:

> The partidario is an independent livestock grower who rents breeding stock from a commercial operator under detailed contractual arrangements . . .
>
> The contractual arrangements under which the partido system operates differ in detail with different companies, but the essential features are as follows: a partidario rents a specific number of breeding stock from the owner and contracts to (a) return at a specified time, breeding stock of the same age, quality, and (b) to give a certain number of the natural increase as rent. The partidario also pays all costs of operation. Presumably the remainder of the increase and, in the case of sheep, all the wool, belong to the partidario. Actually, he secures credit with the store owned by the commercial operator for supplies for himself and family, and for cash requirements at interest, purchase or rental of rams, supplemental feed, etc. Ordinarily these debts are in excess of the total profits accruing to the partidarios through their theoretical ownership of the wool and lambs or calves not contracted to be paid. Thus the typical partidario turns over all of these assets and is still in debt at the end of the season. The whole arrangement is one by which the partidario assumes all responsibility for losses and expenses.
>
> There are two principal reasons for the existence of this system: (1) the lack of public and private grazing facilities available to the would-be small operator, and (2) the diminishing land base of the Spanish-American population brought about by the

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[51]Translated, followers or supporters.

subdivision of their holdings, increasing population, and the great loss of the community-owned land grants.[52]

It was the objective of the partido agreement to help the small operator develop a herd of livestock of his own and eventually become independent. However, the objective was not achieved in actual practice, because the range lands were too depleted by overgrazing; and debts contracted to the livestock company by the partidario year after year eventually depleted his own small herd. Such a contractual arrangement is neither adequate nor secure.[53]

When the United States entered World War I, defense jobs were plentiful, and many of the Taosenos availed themselves of the opportunities to earn extra money. Additional money was sorely needed, especially by those families who lived in cramped quarters on the small strips of farm land from which enough produce could not be produced to sufficiently supply all needs. The families stayed at home while the men traveled to the jobs and lived in work quarters. After the war, outside job opportunities diminished rapidly so that by 1936 over 54 per cent of the Spanish-American

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[52]Allen G. Harper, Kalervo Oberg, and Andrew R. Cordova, Man and Resources in the Middle Rio Grande Valley (Albuquerque, New Mexico, 1953), pp. 78-79.

[53]United States Department of Agriculture, Soil Conservation Service, "Village Livelihood in the Upper Rio Grande Area," (Albuquerque, 1937), p. 3. (Mimeographed)

people in Taos County could not pay the taxes on their land.[54] Farmers who cannot make a living from the land cannot save enough to pay taxes; therefore, most of the 54 per cent were on the relief rolls.

Health conditions in Taos County must be discussed at this point. It must be recognized that people living in relative isolation, as have the Taosenos for hundreds of years, are not as well prepared to handle health problems as a community that has kept abreast of the times. Their methods of handling incidence of disease were many years behind. Their methods seemed satisfactory to them, and many home remedies, as may be seen from Appendix B, page 201, were used. Such remedies usually were administered by the mother of the family. She had obtained her knowledge through past experience and the teachings of her ancestors, often under the supervision of her mother or some other lay person in the community. Some of the women learned to be handy, practical doctors and could deliver babies, set bones, and patch up wounds with considerable skill. They did what they could, for they were the custodians of health.

The 1950 census gives Taos County 14 doctors with a total population of 17,146, thus there is one doctor for each 1,224.7 people. The New Mexico Medical Society listed

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[54]Sanchez, op. cit., p. 64.

six certified medical doctors for Taos County in 1950. Using the population figure of 17,146 for 1950, the medical care responsibility of one doctor increased to 2,856.6 people. It must be mentioned that the census takers list occupations as given by the people interviewed. The census figures also list ages of persons for the different occupations. One of the persons interviewed, according to the census, gave his occupation as that of a "doctor" and stated that his age was in the 15 to 19 group. Several persons listed their occupations as "doctor" and indicated their ages in the 20- to 24-year group. Obviously, some of the "doctors" listed as such did not attend a medical school. It is a well-known fact that there are curanderos[55] and albolarios[56] in the County who practice a kind of medicine using homely psychological techniques, as well as herbs, and are well versed in the use of home remedies. It is also well known that there are some midwives who consider themselves effective doctors and make good use of herbs and other home remedies to effect cures.

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[55]Translated, "One who cures."
Such a person secures his training from a relative, and the knowledge is handed down from generation to generation. Training can be secured from the Indians who know native flora. The curandero is also well able to use home remedies and patent medicines.

[56]Translated, herbalist.
A designation which refers to the persons' dependence upon herbs and plants for cures.

The six certified medical doctors mentioned by the New Mexico Medical Society all were located in the village of Taos, which is the County seat of Taos County. The population of Taos, according to the 1950 census, was numbered at 1,846. This resulted in a ratio of 307.7 people to each doctor for that community. However, it was the customary practice for some doctors in Taos to make calls in the County rural areas and other communities whenever called to do so, regardless of weather or road conditions. In addition to the six medical doctors mentioned in the census, there was one osteopath and one chiropractor located at Taos.

The largest percentage of the population of the County, 86 per cent, is of Spanish descent; and traditionally, their beliefs in medical care are similar to those of the early Spanish settlers. The folk beliefs of the lower class Spanish-Americans in Taos County are the result of the mingling of Spanish and Indian cultures. The older Taosenos feel more secure while being attended by an herb doctor than while being treated by an Anglo doctor or hospitalized in Anglo hospitals away from friends and relatives and being subjected to Anglo customs and food. They also feel that the curandero or albolario has a better understanding of the malady which affects them because he has grown up

among them and will take their feelings into consideration as part of the cure.[57]

Bridging the gap between the two cultures in regard to different values concerning health is an ever present problem in Taos County, especially for men in the medical profession. The Spanish people are modest concerning their person, and it is difficult at times for a doctor to make the necessary examinations to complete a diagnosis. He must use every means at his disposal to get the patient to do what is best for him. On the other extreme, the witch doctors use a kind of "psychiatry" along with herbs to effect their cures. The "psychiatry" used by a witch doctor to cure a patient in Taos County is borne out in the following description by Senter:

> The albolario's first job is to deal with the belief of the patient regarding the cause of his illness. In a case where the patient was not sure whether he had been bewitched or not, I heard a native witch-doctor say, "I don't know whether to tell this woman she is bewitched or not. If I tell her she isn't bewitched and sell her some medicine for her blood, she may get well. If I tell her she is bewitched, I shall have to do a lot of investigation. I think her husband is playing around with another woman. My patient believes this woman has bewitched him and her. I could give her a love potion to work on her husband, but first I have to be really sure what the trouble is. It takes a long time to work on a bewitchment."
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> This patient was suffering with a severe case of eczema, which had appeared since she had started to

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[57]Senter, op. cit., p. 136.

suspect her husband of disloyalty. Her skin was very dark, probably because of considerable Indian ancestry, whereas that of her husband was quite light. She spoke only Spanish and was culturally of the older Spanish-American type, a situation which gave her a low prestige evaluation in the social class system of New Mexico. Her husband, on the other hand, spoke considerable English and was partially Angliocized. The "other woman" was half Anglo, spoke English, dressed and behaved in an Anglo fashion, and bore an English name. The following diagrammatic analysis based upon prestige evaluation behind skin color and class is essentially the same as that deduced by the native witch-doctor:

The husband was attracted to the "other woman" because she embodied the high prestige items of light skin color and Anglo characteristics. The "other woman" had "bewitched" the husband in that he was attracted to her charms. (Our English words "bewitching" and "charming" are etymologically related to the function mentioned in this analysis). She was bewitching the wife in that she was using these prestige factors to draw the husband. The naturally mobile husband was gravitating toward the more powerful magnet of high prestige in class and color. The frustrated wife developed a case of malaise, depression, and eczema.

The witch-doctor's curing technique was to convince the husband that a trail made by a woman's high-heeled shoes led from the mountains to a tree near his house, where an owl which had been heard to hoot each night was keeping his wife awake and fearful. The Spanish-American people of the villages consider owls to be the bird-like encarnation of witches and are deathly afraid of them at night because the hooting is considered an evil omen. Owls are called "brujos," the same word as that used for <u>witch</u>, this local term probably being the result of a confusion with the Castilian word "guho," the word for owl. This sinister bird, our native psychiatrist contended, was the "other woman" who was exerting such an evil influence upon his household. The husband was paralyzed with fright at the danger of his predicament.

The witch-doctor gave the husband an amulet for protection against the witch, and gave the wife

> instructions for winning back her husband's love through the employment of certain coquettish techniques to be used with a love potion. Finally he sold the wife a tonic of vitamin B and iron and a standard patent medicine salve for eczema. . . . The albolario's fee had consisted only in the profit he made on the medicine, a ridiculously low amount if one compares it with the prices which the trained medical man and the psychiatrist feel they must charge to make a living.[58]

This story is included in the chapter in order to illustrate the working of beliefs in witchcraft. The witch doctor believes in witches himself, as do his patients. His job is to understand and to effect a cure. He does not know psychiatric terms, but he understands people fairly well; and as long as there is widespread belief in witches, the albolario will succeed in his cures. When the belief in witches subsides, the cures will then be in terms of frustrations, catharsis, and dominations directed by a psychiatrist. The bridge between the two beliefs is very narrow, but the cultural chasm is extremely wide.

The difference in values concerning health is also noticeable in the different economic groups of Spanish-Americans in the State. In Taos County, as is true in other parts of the State, a class system seems to have grown out of the varied backgrounds of the early pioneers. The more

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[58]Donovan Senter, "Witches and Psychiatrists," Psychiatry: Journal of the Biology and Pathology of Inter-Personal Relations, Vol. X, No. I (February, 1947), pp. 53-54.

wealthy, better-educated people in the County accept readily any health changes which have been proven sound. On the other hand, there are those people in the County who will not be treated in a medical sense except by a witch doctor. There are various gradiations of acceptance in health practices between these two extremes. The difference of acceptance of health practices, as well as acceptance of other cultural changes, is due to the self-imposed isolation on the part of the Spanish-speaking people. At any rate their acculturation process proceeded in that direction. Senter has developed the following characteristics of class structure concerning the Spanish-Americans of Taos County. He thinks the structural outline may help to obtain a better understanding of the people and their problems of acculturation:

Lower Class of the Villages

1. Religion. Penitente or operating in a society where the Penitentes are more important than Catholic Church organization.

2. Social System. More like that of the pre-Anglo era in the operation of crisis ceremonies and kinship system.

3. Language. Spanish with very little knowledge of English.

4. Economic Status. Very poor. Small adobe huts set on a piece of land which is small but still large enough for a garden. Mostly laborers and farm workers. W. P. A. work accepted.

5. Education. The older folks are illiterate and many of the children stop school at about the third grade level.

6. Attitude toward time. Consideration of the present only.

7. Attitude toward the Anglo. All Anglos are considered to be wealthy, to be preyed upon if possible as they do the same to the Manito.

8. Physical characteristics. Dark skin common, cleanliness varies. The cheap clothes worn rarely are cared for.

Lower Class of Suburban Towns

1. Religion. Penitente and church are functional in family daily life, but the male head of the family need not be a Penitente.

2. Social system. Values and customs of the Spanish type of life control the family and the crisis ceremonies. The people are more interested in family social life than in social mobility but are, erratically, acculturating toward little understood Anglo customs.

3. Language. Entirely Spanish in the home, dominantly Spanish elsewhere.

4. Economic status. Poor and unstable. When they work, it is usually as farmers and laborers, W. P. A. work accepted. Adobe homes furnished with as much Anglo-type furniture and material culture as they can afford. A mixture of Anglo and Spanish types of food.

5. Education. Older folk usually illiterate. Children go to sixth grades. A few start high school.

6. Attitude toward Anglos. The Anglo is a wealthy fellow to work for or to work on. The individual usually carries a chip on his shoulder toward all Anglos because they have more material wealth than he and because of the recognized snobbish attitude of most Anglos toward Manitos.

7. Attitude toward time. These people live in the present and plan for the immediate future only.

8. Physical characteristics. Fairly dark skin accentuated by burning from working out in the sun. The villagers are recognized as being darker and the Anglos as being lighter, but no social emphasis is placed on these shades of coloring. Clothes are cheap, poor, and rarely well cared for. Holes in stockings or in other clothes cause no feeling of embarrassment or of inferiority. A well-dressed woman is considered to be out for immoral purposes.

Lower Middle Class
(upper class of the villages)

1. Religion. Catholic or Protestant. They usually consider the Penitentes to be of lower class. Most of the people regularly attend Mass but avoid Penitente ceremonies.

2. Social system. The family still is dominated by the kinship system of the extended family. Some individual families tend to hold apart from the rest of the village family structure because they are trying to be like Anglos. They are taking over some Anglo customs, such as showers for the bride, in place of the old family-type engagement party.

3. Language. They speak English, although most of them do not require it to be spoken in their homes.

4. Economic status. Fairly good. The men have jobs in Anglo business concerns or own farms on which the F. S. A. has given aid. This class contains the local politicians with ability to control local political jobs and to distribute W. P. A. money.

5. Education. The older men are illiterate or have a poor education, although most of them took what was locally available during their youth. The younger men vary from an eighth-grade to a high-school education. A few have had some college work but too unsuccessful to continue toward graduation. The children of this group usually go to high school and a few attend college.

6. Attitude toward Anglos. They admire the Anglo and would like to be like him. Usually these people are resentfully sensitive about their cultural background, which they tend to glorify as far as possible by speaking with reverence of "the good old times."

7. Attitude toward time. They look forward to improving their status through financial advancement. To be an Anglo is, to them, to know how to earn more money.

8. Physical characteristics. They average slightly lighter in complexion than most of the people of the villages and look somewhat more Mediterranean in type. (Probably there is less mixture of Indian blood present.) They take good care of their clothes and, in a limited way, try to copy prevalent Anglo styles. With more money to purchase a variety of foods, more education concerning good health, and more confidence in the Anglo medical system, this group shows less evidence of malnutrition than the lower classes.

Upper Middle Class

1. Religion. Catholic or Protestant. People of this class sometimes change to Protestantism with the idea that this is the Anglo religion, or that they may be able to find work with Anglos or with the government more easily. Local men who are powerful in the State closely associate themselves with the church and hold membership in some society, such as the Knights of Columbus, in a near-by city.

2. Social system. These families usually hold themselves apart from the general group of Spanish families except in exerting political control. They are the fine old families of local regions. They uphold the social organization of the old Spanish type only when it is considered sophisticated to do so, and in such cases they glorify the system. They seldom question the superiority of the Anglo way of life, but hold to many Spanish customs for the sense of security. Many of this group, especially the younger members, have accepted middle class Anglo ideals.

3. Language. English predominates but the people speak both languages by necessity in their contacts with the two peoples.

4. Economic status. This group is in a better economic condition than any other of the Spanish-Americans in New Mexico. They are land owners, cherish good political positions, or hold jobs in public utilities or with the government. Their houses are either very Anglo or are copies of Anglo attempts at Spanish-Pueblo architecture.

5. Education. This group is fairly well educated, with high-school or college training for the younger people. They do not deny their Spanish background but emphasize their having risen above it. In a sophisticated way they consider themselves authorities on Spanish language and customs. They may even collect santos or the early publications of Father Martinez.

6. Attitude toward Anglos. They are the key men used by Anglos attempting programs to aid the Spanish population, without realization of the fact that this group usually looks down on lower class Manitos and neither likes nor trusts them. The group customarily boasts of its good citizenship and attempts to be as Anglicized as possible.

7. Attitude toward time. They live for the future but think more of economic and political advancement for their people. They like to consider themselves as part of the Anglo culture, but still colorful with the old trappings of Spanish culture.

8. Physical characteristics. This group is healthy, with adequate nutrition and medical care. Their clothes are good, and their grooming is careful.

Upper Class

1. Religion. Usually Catholic.

2. Social system. The people are highly sensitive to kinship relations in other upper class families, many of whom have intermarried. Relatives

of lower-class and poorer finances are employed in political positions until the *politico* himself may be accused of nepotism.

3. *Language*. English is more used than Spanish, but they feel it necessary to know Spanish because of their pride of background.

4. *Economic status*. Some are wealthy and some of only moderate financial means. Most of them live in homes which are careful replicas of old Spanish colonial architecture or of upper-class Anglo homes.

5. *Education*. Some of the girls and most of the men attend college, many going outside the State to avoid the local prejudice toward their people. Some become specialists in subjects relating to their own people.

6. *Attitude toward Anglos*. They consider themselves above most Anglos. They have friends among the people of the upper class in Mexico as well as in this country.

7. *Attitude toward time*. They glorify the past but are fighting to hold their position in the present.

8. *Physical characteristics*. They are essentially like the Anglos in physical type and in dress. Their centuries of leadership in New Mexico society have preserved the sophistication and refinement of their Spanish ancestors.[59]

This class structure as developed by Senter shows differences in the system of values of the different classes of Spanish-Americans in Taos County. This is especially true in values concerning health, as will be shown later.

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[59]Donovan Senter, "Villages of the Saints" (Unpublished manuscript, University of New Mexico, Albuquerque, New Mexico, 1942), pp. 138-158.

In a county which covers 2,256 square miles and has a population density of only eight persons per square mile, it would seem that there would be few or no health problems; but the population is concentrated in thirty-one communities. Outside toilets are common in rural areas of the County and in the communities. Even in the village of Taos where there are municipally-owned water and sewer systems, some of the people cannot afford the facilities and resort to outside toilets and use water from shallow wells. In some communities the most economically successful people have their own wells and disposal systems, but these are few in number.

In the smaller communities wells are scarce, and most of the water for washing, cooking, and drinking is obtained from open irrigation ditches. In some areas wells have been put down, but they are shallow and easily contaminated. As a consequence, diarrhea is common and the incidence of typhoid fever is usually high.[60]

Taos County has had the highest infant mortality rate and one of the highest maternal mortality rates of any county in the United States for many years.[61] The crude birth

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[60]County Statistics on Diseases, 1940-1950, Bureau of Vital Statistics, State Department of Public Health, Santa Fe, New Mexico.

[61]Vital Statistics, Vol. 36, Nos. 22 and 23, Public Health Service, Federal Security Agency, National Office of Vital Statistics, Washington, D. C., 1952.

rates, on the other hand, show that New Mexico has a greater number of babies born in comparison to the total population of the State than is true in any other state in the Union.[62] It was also indicated in the reports from the State Department of Public Health, 1940, that over two-thirds of all deaths reported in Taos County were due to unknown causes. This fact may have been due to the great numbers of lower-class people in the County who resorted to cures by witch doctors for any illness that arose; and when death occurred, it was not reported to proper authorities. The number of deaths due to unknown causes showed a big decrease by 1950, probably because of more strict enforcement by the public health authorities of regulations. The State Department of Public Health started an intensive campaign early in 1955 to try to cut down the infant mortality rate.[63] Each family was visited where death occurred in order to determine the cause and to explain to the family methods of preventing another incident.

The diet of the lower-class people in Taos County is low in nutritional value. In one study presented by Pijoan, it was shown that Taos County was ranked as one of the

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[62] Ibid.

[63] Bureau of Vital Statistics, State Department of Public Health, Santa Fe, New Mexico.

lowest in the nation in regard to nutritional deficiency.[64] He also found that the amount of protein consumed in the diet was low with much fat eaten instead, causing obesity and a low hemiglobin content in the blood. School children were found to use most of their energy getting to and from school, having little energy left for studies. He also followed by saying that the bodies of the children, due to the poor diet, were easy prey to diseases, such as dysentary, tonsilitis, tuberculosis, and respiratory infections.

The lack of educational opportunities for the Taosenos, in regard to proper health conditions, has been a contributing factor in their poor showing in that field. If the schools in the County were adapted to teach more of the practical side of home and family living, children might be enticed to remain longer under their influence. With more interest developed on the part of the student, extra subjects, such as health education, could be taught in addition to reading, writing, and arithmetic. Health education taught in schools eventually would be taught in the home by the parents. Tremendous strides in health education have developed in the County in the last few years, but there still is room for improvement.

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[64]Michael Pijoan, "Food Availability and Social Function," New Mexico Quarterly Review, XII, No. 4 (November, 1942), pp. 1-6.

The total population of the County decreased 7.5 per cent between 1940 and 1950.[65] Up until this time there had been a slight increase each year in the number of people residing in Taos County. A look at the age-sex ratio for the County in the age groupings between 20 and 49, inclusive, shows that there is a larger percentage of females than males. This is not true for the rest of the State. However, in all the other age groupings there are more males than females in the County, which corresponds to the distribution in the State as a whole.[66]

The absence of males between ages 20 to 49, inclusive, may indicate a trend to seek work outside the County where jobs are more plentiful. Also, there is some possibility that if the men are successful in finding work elsewhere, they will continue to reside in their new locations. This would tend to increase the proportion of women of marriageable age left within the County. The cultural background of the Spanish-American people must be taken into consideration at this point. The familistic pattern of authority

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[65]United States Bureau of the Census, Sixteenth Census of the United States: 1940 (Washington, 1940); United States Bureau of the Census, Seventeenth Census of the United States: 1950 (Washington, 1950).

[66]Ibid; Paul A. F. Walter, Jr., Race and Cultural Relations (New York, 1952), pp. 325-341; T. Lynn Smith, Population Analysis (New York, 1948), pp. 1-23; and Warren S. Thompson, Population Problems (New York, 1953), pp. 96-125.

plays an important part in analysis of population changes. The males in Spanish-American culture are allowed to leave home, but females tend to be held by force of custom in the community.

The percentages of the different ethnic groups in Taos County for 1950 were as follows:

86 per cent Spanish-American

8 per cent Anglo-American

6 per cent Indian or non-white

Of those listed in the census in the non-white group, five were negro and one was Japanese; the rest were of Indian blood. The total population for 1950 was 17,146.

At the turn of the Century an art colony, which is known throughout the world, was established at the village of Taos.[67] The first artists which came to the era were awed by the number of outstanding attractions. These included the scenic grandure of the Sangre de Cristo mountains, the wild beauty of the Rio Grande gorge, the quaint adobe houses of the Spanish-Americans, the unique architectural design of the Taos Pueblo, and the picturesque costumes of the native peoples. Besides these out-of-the-ordinary attractions, were the small streams which flowed

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[67]Coan, op. cit., p. 542.
John H. Sharp and Bert Phillips, both artists, came to Taos, New Mexico in 1900 and helped establish an art colony which is known throughout the world today.

through agricultural valleys and mesa land on which grazed herds of cattle and sheep. It could truly be called an artist's paradise.

At the present time many tourists are attracted to the village of Taos during the summer months. The native people do not resent this intrusion, for a good share of their income is obtained from the tourist trade.

The social structure of the County includes both Spanish-Americans and Anglos. The upper stratum includes the wealthy, more highly educated families of both nationalities who have been established in the area for many decades. It also includes the more prominent businessmen, artists, writers, and professional men whose training, experience, and understanding give them a mark of distinction. The middle social circle includes the small shopkeepers, teachers, clerks, and those earning an average income. The bulk of the population, which makes up the lower social group, include the laborers and small farmers of the County.[68]

This latter social group makes up the people who control the vote and elect the political leaders of the County and representatives to the State and Federal governmental bodies. Many of their own group run for, and

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[68]Sanchez, op. cit., p. 55.

are elected to, public office. Some of them do as good a job as they know how, while others use the position for individual gain. There are many young potential leaders included within this social group; and with more experience and understanding, they may make more effective public servants.

In 1936 Mrs. Lucy Case Harwood donated a group of buildings, including an art gallery; auditorium; display rooms; several apartments; and a library, consisting of some seven thousand volumes, to the University of New Mexico.[69] The property, known as the Harwood Foundation, had been operated previously by a group of Taos citizens and was open to the public for several years.

Through this gift the University saw an opportunity to develop a county planning project which would contribute to the solution of many problems concerning the people of the area. A preliminary survey of conditions in Taos County was made by G. I. Sanchez.[70] A request for funds, substantiated by the Sanchez report, resulted in a grant of money by the Carnegie Corporation of New York to develop "a

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[69]J. T. Reid,"Taos County Project First Annual Report, July 1, 1940 to June 30, 1941," University of New Mexico Bulletin No. 371 (Albuquerque, New Mexico, 1941), p. 3.

[70]Sanchez, op. cit., p. 21-34.

cooperative and coordinated program of adult education in the communities of Taos County."[71]

Because of the low status of the people, which had been developing over the years in the County, many federal, state, and county agencies had been working independently, each trying to do its bit to relieve telling pressures. In April, 1940, the first installment of the grant was received by the University and the Taos County Project was inaugurated.[72] There were two general purposes, or objectives, in mind.

> . . . first, to make an effort to establish ways and means of relieving the sub-marginal living conditions existing in Spanish-speaking communities and counties, such as Taos; and second, to discover and put into practice a workable form of agency cooperation and coordination of activities on the county level.[73]

To this end local, state, and federal agencies were molded together to work under the leadership of J. T. Reid, who was appointed director of the Taos County Project.[74]

On the project staff were Spanish-Americans and Anglos. It was decided that in order to explain the purposes

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[71]Reid, loc. cit.

[72]Reid, op. cit., p. 4.

[73]J. T. Reid,"Taos County Project Second Annual Report, July 1, 1941 to August 31, 1942," University of New Mexico Bulletin No. 381 (Albuquerque, New Mexico, 1942), p. 3.

[74]J. T. Reid was Director of the Taos County Project from 1940 to 1943.

of the Project as accurately as possible, the leaders in each community should be visited in person. Each community was visited, and a meeting was held with its leaders. Discussion of the Project was carried on in as informal a manner as possible, and all questions were given consideration. This represented a change in the way of life to the Taosenos. The older ones did not quite know if they should go along with the idea or not. It speaks well of the people in the County that they decided to cooperate to the best of their ability.

After the preliminary introduction was completed, a community meeting was held to which all of the people in that area were invited to discuss the problems on which outside help was desired. They also elected a spokesman for their community to represent them and present their problems at an over-all county meeting which would be held later.

One of the most urgent problems on which all of the people of the County agreed was that help was needed to improve health facilities. Some of the communities wanted wells so that water from irrigation ditches would not have to be used for domestic purposes. Others wanted toilets built, both at homes and at the schools. Hot lunch programs were asked for in some communities. Four of the villages said that health clinics were needed to take care of the people in surrounding areas.

Because of the widespread interest expressed in health by the Taoseno, it was decided by the Taos County Project Planning Committee to get a county health organization under way as one of the first major tasks. Chapter IV discusses the problems which were encountered as the health program got under way.

CHAPTER IV

THE ORGANIZATION AND ADMINISTRATION OF THE TAOS COUNTY COOPERATIVE HEALTH ASSOCIATION

The Taos County Cooperative Health Association was the culmination of many months work and study on the part of a good many people from all walks of life. The formation of such an organization can be understood and analyzed only on the basis of its relationship to the situation and history of the people of Taos County, as has been described in Chapter III. As was indicated in that chapter, both the need for an improvement of health conditions and the inherent obstacles to that improvement grew out of the development of the region. The Association was the outgrowth of cooperative effort on the part of people representing different cultural backgrounds, each having a different system of values concerning health.

After the formation of the Taos County Project, it was discovered that the Taoseno was very much interested in his county's health. It was of such keen interest that on the agenda for the May 9, 1941, staff meeting, the project director, J. T. Reid, devoted the entire program to "Health in Taos County." F. W. Parker, M. D., was secured as the

speaker for that meeting.[1] He described the health conditions of Taos County at that time, told what was being done about them, and what improvements a united organization could hope to accomplish over a period of time.

It was pointed out by Dr. Parker that the Public Health Service was furnishing immunization shots against smallpox, typhoid, and diphtheria to school children through the efforts of County nurses. It was also mentioned that as the nurses made their daily calls, they tried to explain to mothers of newly born infants that water from open wells and irrigation ditches used for drinking must be boiled. A drive which was also under way by the Public Health Service pointed out the necessity of screening outdoor toilets against flies and erecting new structures away from wells and irrigation ditches.

Dr. Parker then informed the group that there were not enough doctors in the County to take care of health needs. He recognized that there were a good many midwives in the County and suggested that a school should be set up in the area where midwives could attend and learn proper procedures concerning deliveries and how to take care of the new-born baby and mother.

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[1]F. W. Parker, M. D., State Department of Public Health, Santa Fe, New Mexico.

As another example of augmented benefits that could be obtained through a united county organization, it was suggested by Dr. Parker that the teachers of the County be utilized to the fullest extent. They could be instructed to help teach health education to all ages. He suggested that the teachers could initiate evening health meetings for parents in their respective schools and talk over community health problems. In this way new ideas brought home by the children from school regarding health would not seem strange.

All of Dr. Parker's ideas met with enough enthusiasm that at the close of the meeting to which representatives from other communities in Taos County had come, a County Health Committee was appointed consisting of five members.[2] This Committee was charged with the responsibility for developing suggestions for a health program for Taos County. Farm Security Administration and State Department of Public Health representatives were asked to work with this committee in order to explore all possible avenues of approach.

Surprisingly enough, one of the Spanish-American community representatives got to the point quickly when he suggested that,

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[2]Minutes of Taos County Project, May 9, 1941.

> The way this health committee can get its work done best is to start with the education of the people. I suggest we call meetings and give the people information about the program. Let them get all the questions out of their systems. At the same time the people could give us information on health conditions in their community. The people do not care to work for something they do not understand; but once they know they need it, they will work hard for it.[3]

It must be noticed that this man said "we" can call meetings. He was ready and willing to do the work himself, as were most of the Taos County Project representatives.

During its first two months of work, the County Health Committee developed a list of forty suggestions to be presented to the Taos County Project representatives. The most outstanding follow and represent a good deal of thought for projection into the future:

1. An advisory board should be established, composed of the State Department of Public Health and Farm Security Administration people to work with an administrative board of five members to act as a governing body.

2. The services of a paid health program director should be secured.

3. A manual should be prepared describing all the health facilities in the County, so all the people would know about them and be able to make use of them if they wished.

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[3]Ibid.

4. Funds should be secured by giving benefit dances and parties and charging for sport events which were to be promoted. Fixed charges for different items were planned for those who were going to use the health facilities.

5. Additional funds should be requested from a state or federal agency.

6. The idea of a health center for each community was strongly recommended. The health centers were to serve the following purposes:

a. The health centers were to serve as a school for American Red Cross courses, such as First Aid and Sanitation.

b. Another purpose was to create adult discussion groups in each community under the leadership of competent local individuals. Such meetings were to be held regularly, and members were to discuss current problems of health.

c. The group discussion leaders were to be coached in discussion techniques so that interest would not lag. Special care was to be taken to enlist the counsel of the elder members of the community and not to antagonize them when they seemed to obstruct health measures.

It is noticeable that in the reports of committee proceedings the County Health Committee was aware of the

kinship leader control in the Spanish-American community. The Committee was also fully aware of the concept of health held by the people in the community; and it was not the desire to antagonize them, but to make sure they were on hand to hear the discussions, so that they might be won over gradually to a more modern concept of health practices. The Committee cited many instances where the elders in the community had belittled the boiling of ditch water, the screening of doors and windows, or the removal of head lice on the grounds that their own longevity argued against such measures. The Committee's recommendations continue:

7. The Committee suggested that health clinics, operated by registered nurses, be established in the more thickly populated areas.

8. A mobile clinic was suggested for the other thinly populated areas.

9. The school teachers were very much interested in the health program but wanted help from physicians and nurses to teach them proper procedures. It was suggested that a course in health practices be set up for the teachers of the County.

10. The idea was presented by the Committee that a school for midwives might be of considerable value, where those who were already acting in that capacity would become

more proficient and, at the same time, would learn the necessity of making out birth certificates.

11. There was another suggestion with which the Committee asked agency representatives to help. This concerned a cooperative health program that would be best suited for Taos County families. The experience of the Farm Security Administration was to be capitalized on, and health representatives from the state and federal agencies were to be utilized.

A total of forty suggestions, from which the eleven just cited were drawn, were developed by the Health Committee and presented at the Taos County Project meeting on July 11, 1941.[4] This report paved the way for action on two points almost immediately; (1) a set of By-Laws for the Taos County Cooperative Health Association was developed, and (2) the Farm Security Administration and the Rockefeller Foundation were approached for a grant-in-aid. The Farm Security Administration offered encouragement, so negotiations with this agency were continued.

It is necessary to discuss briefly at this point the medical care program of the Farm Security Administration. Prior to the establishment of the Taos County Project, the Farm Security Administration was working as one of the

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[4]Minutes of Taos County Project, July 11, 1941.

agencies in the County to help alleviate farm living conditions. This agency loaned money to needy farmers who could not obtain credit from any other source. These were in the nature of rehabilitation loans and were to be paid back in five years. An investigation made by the Farm Security Administration showed that over half of the families who failed to keep up their payments were handicapped by poor health.[5] It also found that farmers would let minor ailments go until they became grave. They would then have to face long periods of hospitalized treatments and be unable to make good on their loans.

The Farm Security Administration, therefore, in order to insure its loans, established a medical care program as an additional benefit to its clients. As far as the Government was concerned, this program was simply a matter of good business. All borrowers paid a fixed sum each year for medical care which was included in the rehabilitation loan. Charges for obstetrical care or emergency surgery were based on the individual's ability to pay, as indicated by the farm management record. A typical annual payment in a low-income

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[5]Farm Security Administration Regional Study, September, 1940.

Study outlined in letter of October 10, 1940 to County and District Supervisors from Jesse B. Gilmer, acting Regional Director, Farm Security Administration, Amarillo, Texas. Files of letters in office of Farmers Home Administration, Taos State Bank Building, Taos, New Mexico.

county was $13 for man and wife plus $2 for each child, the maximum payment being $30 per family.

There is probably little doubt that this history of the Farm Security Administration's interest in the health of its borrowers not only gave the Health Association reason to request the grant but also predicted its later favorable treatment of the request. The reports of health conditions in Taos County and requests of prominent citizens for help in the Health Project could also have influenced the final action.

A copy of the By-Laws that were developed for the Taos County Cooperative Health Association may be seen in Appendix C, page 204. In them are listed the following three main purposes or objectives:

A. To provide medical, surgical, dental and allied services to as many as possible of the people of Taos County and vicinity who do not have adequate medical care.

B. To cooperate with all public health and welfare agencies in promoting more health services, health education, recreation, transportation of the sick and wounded; custodial care for the tuberculous, isolation of unpreventable diseases, and the preparation of health surveys and plans in Taos County and vicinity.

C. To execute all Taos County Project health plans whenever possible.[6]

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[6]By-Laws of the Taos County Cooperative Health Association, Article VIII, Section 1, Ratified October 10, 1941. Copy in Appendix C, page 209.

Article IV of the By-Laws pertains to membership. The stipulations as to membership and fees that were to be charged were based on those of the medical care program of the Farm Security Administration. The By-Laws state that any low-income farm family or the family of any low-income employee, having made application to join and having been approved by the Board of Directors was entitled to join and become a member upon payment of the prescribed fees. Also, any low-income individual whose income was derived from farming or from other employment could become a member in the same way. The term "low-income" was construed as an annual income of $1,200 or less per year.

The Taos County Cooperative Health Association was the only health association in the County at that time, but it had several predecessors in the Nation. The Farm Security Administration had established many health cooperatives under their jurisdiction throughout the United States. There were six other experimental health programs in different counties in selected states established about the time of the Health Association in Taos.[7] Furthermore, the Health

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[7]T. Wilson Longmore and Theo L. Vaughan, "Taos County Cooperative Health Association, 1942-43," Bureau of Agricultural Economics, United States Department of Agriculture (Little Rock, November, 1944), p. 1. (Mimeographed).

The other counties were Newton County, Mississippi; Walton County, Georgia; Cass and Wheeler Counties, Texas; Nevada County, Arkansas; and Hamilton County, Nebraska.

Association in Taos was the only one among Spanish-speaking people in the country.

After the By-Laws of the Taos County Cooperative Health Association were ratified on October 10, 1941, and the Board of Directors, consisting of seven members was appointed on November 14, 1941, the work of obtaining additional members started in earnest. There was considerable talk about the amount of money each family could afford to pay. The minimum payment per family, $31.50, for medical care was more than a family with only $100 annual income could pay.

Later, the pay scale, shown in Table I on the following page, was developed to tell how much each family would have to pay in total fees, depending upon the income and number in the family, to join the Health Association.

After an application for membership was received by the Board of Directors, it was sent to a committee in the community in which the applicant resided. This committee, knowing the background of the applicant and his family, was in the best position to judge if his income was within the prescribed limits. In some cases the applicant was required to pay the full amount of $32, while in others, the assessment was as little as $1. The average assessment fee for the first year amounted to $3.75 per family. There was little opposition at first to this method of arriving at the

TABLE I

SCHEDULE OF MEMBERSHIP FEES
BASED ON INCOME AND NUMBER IN FAMILY

No. in Family	$100 or less	$200	$300	$400	$500	$600	$700	$800	$900	$1000	$1100	$1200
1	$ 1.00	$ 1.00	$ 2.50	$ 4.00	$ 5.50	$ 7.00	$ 8.50	$ 10.00	$ 11.50	$ 13.00	$ 14.50	$ 16.00
2	1.00	2.00	5.00	8.00	11.00	14.00	17.00	20.00	23.00	26.00	29.00	32.00
3	1.00	2.00	3.00	6.00	9.00	12.00	15.00	18.00	21.00	24.00	27.00	30.00
4	1.00	2.00	3.00	4.00	7.00	10.00	13.00	16.00	19.00	22.00	25.00	28.00
5	1.00	2.00	3.00	4.00	5.00	8.00	11.00	14.00	17.00	20.00	23.00	26.00
6	1.00	2.00	3.00	4.00	5.00	6.00	9.00	12.00	15.00	18.00	21.00	24.00
7	1.00	2.00	3.00	4.00	5.00	6.00	7.00	10.00	13.00	16.00	19.00	22.00
8	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	11.00	14.00	17.00	20.00
9	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	12.00	15.00	18.00
10	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	13.00	16.00
11	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	14.00
12	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00

amount an applicant should pay. As the Association progressed, however, this became one of the controversial issues which caused discontent.[8]

Securing applications for membership required considerable explanation. Even though school teachers in some communities were conducting night classes for adults and had explained the working policy of the Health Association in discussion groups, the people did not seem to be thoroughly satisfied. A customary response was, "I'll wait and see how it works." In April, 1942, a number of local leaders from various communities interested in the Health Association were secured to conduct the membership drive. The priests and ministers also lent their support to the campaign; and finally, it began to gain momentum.

Approximately two thousand three hundred families were eligible in Taos County under the annual income stipulation of $1,200 or less to join the Health Association.[9] It was estimated that at least one thousand families were needed in order to operate the Association efficiently. On June 12, 1942, 653 applications had been received.[10]

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[8]J. T. Reid, It Happened in Taos (Albuquerque, 1946), p. 88.

[9]Longmore and Vaughan, op. cit., p. 10.

[10]Minutes of Taos County Project, June 12, 1942.

On June 25, 1942, the first portion of the grant amounting to $47,400 was received from the Farm Security Administration.[11] A grant agreement was drawn up between the Farm Security Administration and the Association. At the same time Articles of Incorporation were drawn up under the laws of New Mexico in order to facilitate the handling of funds. A copy of the Articles of Incorporation is shown in Appendix D, page 215, which states that the purpose of the Association was to secure for the low-income families medical, surgical, and dental treatment or services; nursing service and drugs incident thereto; and to promote the health of the low-income families, including the financing of such activities.

As was mentioned before, the help of a good many people from all walks of life played a part in the development of the Taos County Cooperative Health Association. While the campaign for members was in full swing, a Memorandum of Agreement was drawn up between the Taos County Medical Society, the Taos County Cooperative Health Association, the United Pueblos Agency of the United States

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[11]Letter signed by James Valentine, treasurer-manager of the Taos County Cooperative Health Association to receipt of $47,400 from Regional Office, Amarillo, Texas of F. S. A., dated June 25, 1942.

Letter in files of Farmers Home Administration, Taos, State Bank Building, Taos, New Mexico.

Indian Service, the New Mexico State Department of Health, and the Farm Security Administration of the United States Department of Agriculture for each to do his share in promoting an overall health program in the County. A copy of the Memorandum of Agreement is shown in Appendix E, page 220, which provided for a Medical Advisory Committee to counsel with the Board of Directors of the Taos County Cooperative Health Association and the Medical Director. The latter would be appointed by the Medical Advisory Committee. This Committee would also help in drawing up Memoranda of Understanding between the Taos County Cooperative Health Association and hospitals, Medical Director, and dentists. Copies of the three Memoranda of Understanding are incorporated in Appendix F, pages 232 to 239.

Hospital facilities for people in Taos County were supplied in three different places. The Thomas P. Martin Hospital at the Taos Indian Pueblo had been reserved for Indians entirely until the organization of the Health Association. After it was established, five beds were available to Association members. The Holy Cross Hospital, located in the village of Taos, was used by most of the Anglos and Spanish-Americans in the northern and centrally located communities of the County. Those people in the southern communities of the County were in the habit of going to the Embudo Presbyterian Hospital, located just

outside the County to the south. The location of the three hospitals may be seen in Figure II, page 47, Memoranda of Agreement were completed with all three hospitals, so that Cooperative Health Association members could go to any one they chose, provided there was a bed available.

In addition to the hospital facilities, clinics in some of the more remote areas were strongly recommended. Lack of transportation, long distances, and poor roads at certain times of the year made it impossible for some of the members to make use of the existing health services. It was decided to establish clinics at Questa, in the northern part of the County; at Taos, in the central part of the County; and at Penasco, in the southeastern part of the County. Building materials were hard to secure because of defense projects about the country. However, native materials were used wherever possible; and finally, with the help of local artisans satisfactory clinics were established. Each clinic consisted of a waiting room, two treatment rooms, and quarters for a nurse who was to be stationed there as soon as one could be secured.

The Medical Director of the Cooperative Health Association, appointed by the Medical Advisory Committee, was W. A. Onstine, M. D. Dr. Onstine had made his home in Taos County since shortly after graduation from medical school and was liked by both the Spanish-Americans and Anglos.

He had developed an understanding of the Spanish-American culture and if called on for help, would go at any time in any kind of weather.

Dr. Onstine, in cooperation with the Treasurer-Manager and with the Health Association's Board of Directors, did an outstanding job of creating some semblance of order in the many health services, facilities, personnel, and equipment that was placed under their jurisdiction. The administrative details were ironed out, and on October 1, 1942, the Taos County Cooperative Health Association started service to 907 members.[12] The membership rolls were left open until November 30, 1942, at which time a membership of 1,145 families was reached.

Figure III on the following page is the organizational chart of the Taos County Cooperative Health Association. Attention is invited to the fact that the Farm Security Administration is an advisory council to the administrative heads of the overall business management and that the State Medical Society and Medical Advisory Committee compose an advisory council to the Medical Director of the Association. It will also be noticed that the Figure shows the Proctor Eye Clinic was available if need for it arose. Individual members of the Health Association needing eye examinations

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[12]Longmore and Vaughan, op. cit., p. 64.

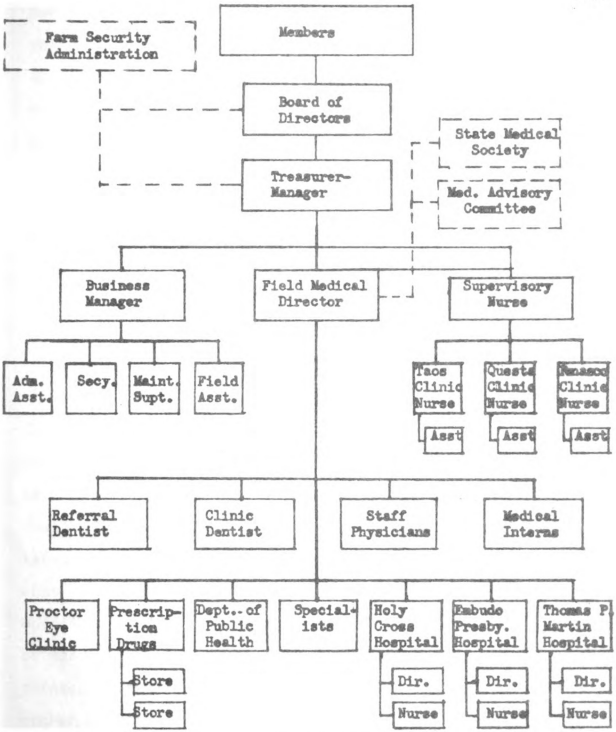

FIGURE III

Organizational Chart - TAOS COUNTY COOPERATIVE HEALTH ASSOCIATION

were referred there for initial treatment. If the patient was discovered to need further consultaion, other eye specialists were called upon in Santa Fe. Specialists' care, needed in other fields, was handled in a similar manner.

There has been no mention made of the part which druggists played in the Health Association. An agreement was formed with different druggists for the Association members to secure drugs prescribed by physicians at cost plus 20 per cent. The 20 per cent was the druggist's fee for handling the business.

After the Health Association had been in operation for a few months, a few administrative policies needed further clarification. A set of Administrative Regulations was printed on March 1, 1943, and sent to all health service headquarters in the County for health personnel to follow. These Regulations, appearing in Appendix G, page 241, stipulated how different health services were to be handled and what to do in case of emergencies. Also, they were very specific concerning property items, and how they were to be used. Also, on March 1, 1943, Membership Regulations were printed in both Spanish and English to be given to each member of the Cooperative Health Association. The Membership Regulations, shown in Appendix H, page 250, were necessary to inform members of what services they were entitled.

On July 9, 1943, the By-Laws of the Taos County Cooperative Health Association were amended. The amended By-Laws are placed in Appendix I, page 254. Because there had been considerable difficulty in establishing a rate of pay for each new association member, Article IV, pertaining to membership was radically changed to omit specific amounts to be paid. The new wording stated that,

> Each member shall pay annual assessments to be levied by the Board of Directors to cover the cost of services to be rendered each member and his family. The assessments shall be computed by the Board of Directors on the basis of the net annual income of the member and his family . . .[13]

The Taos County Cooperative Health Association was started at a time when the war was using all of the available man power the Nation could assemble. Doctors and nurses were leaving the State to enter the Armed Forces. The treasurer-manager, James Valentine,[14] was fortunate in securing able supervisory personnel on whom he could depend, thus releasing more of his time for other administrative duties. Because the Army Nurses Corps offered considerable

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[13]By-Laws of the Taos County Cooperative Health Association, Article IV, Section 3, amended July 9, 1943. Copy in Appendix I, page 255.

[14]James Valentine, appointed Treasurer-Manager of the Taos County Cooperative Health Association, July 18, 1942.

more pay and opportunities for travel than the Association, the clinical nurses stayed for only short terms. It had been the desire at first to hire nurses who had Spanish-American backgrounds. It was thought that clinical patients would feel more at ease if the nurses spoke the Spanish language and were acquainted with the customs of the people.[15] Because of the rapid turnover, it was not always possible to secure those with a Spanish cultural background.

As in the case with nurses, some of the practicing physicians were called into the Armed Forces. Their loss was felt much more heavily because there had been all too few of them from the beginning. On September 6, 1943, two graduate interns from medical college at the International University in Mexico City came to Taos County to help out in the program.[16] These two men, under the regulations pertaining to the practice of medicine in the United States, were required to work under the supervision of a physician certified by the State Medical Society in which he practiced. This they were willing to do and proved very helpful to the

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[15]Donovan Senter, "Villages of the Saints," (Unpublished manuscript, University of New Mexico, Albuquerque, New Mexico, 1942), p. 377.

[16]The two interns were Reynaldo Deveaux and Arturo Lamotte.

Cooperative Health Association. At the present time Reynaldo Deveaux, M. D., one of the former Mexican interns, has established practice in the village of Taos.

During the second year of operation of the Taos County Cooperative Health Association, there were approximately one thousand five hundred members who joined. This represented many new families, because some of the older families dropped out at the beginning of the second year of business.[17] Other new families joined because they had relatives or friends who belonged that were well pleased with it. Other members were secured by being impressed with the kind of services which were offered in the growing Health Association.

Considerable goodwill was developed by the nurses while on the job at the clinics. The nurses were likely to be called out at any time during the day or night, winter or summer, and in all kinds of weather. Each nurse was assigned a station wagon fixed over to serve as an ambulance. Drivers for the ambulances were secured from community volunteers. The nurses were accepted with pride in the communities where they were stationed, and considerable resentment was shown on the part of the people in the

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[17]Reasons for dropping out of the Cooperative Health Association are discussed in Chapter VI, Analysis of the Data.

community if the nurse was called out of her own clinic for any length of time.

Separate schedules for a physician and dentist were maintained each week at the clinics and each had his special day to appear to receive calls. Because of the increasing demand on the physicians' and dentists' time, two additional clinics were set up on a temporary basis. One was in the northern end of the County, located at Costilla, and the other was at Dixon, at the southern edge of the County.

As is the case with most new organizations, there are some people in the community who are opposed to them. The Taos County Cooperative Health Association was no exception. The opposition was more than just a difference in cultural concepts concerning health. These were expected; and as the Health Association expanded to include more Spanish-Americans during the years, the difference in health concepts was still apparent. It was the feeling on the part of some of the families that physicians could not be secured as promptly as was the case before the Health Association was established.[18] This may have been true, for a good many more families were being treated by the Cooperative Health

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[18]Letters registering complaints by non-members of the Taos County Cooperative Health Association in files of office of Farmers Home Administration, Taos State Bank Building, Taos, New Mexico.

Association than had ever been treated in Taos County in the past. There was some opposition by medical personnel residing in the village of Taos who were opposed to the Taos County Cooperative Health Association. The main objection they had was that the Association was the start of socialized medicine. There was also opposition on the part of some of the Spanish-American people, caused by situations which had arisen many years before the Health Association was established.[19]

There was growing resentment on the part of the new members of the organization to the amount of fees that were levied against them. As was mentioned before, a committee, made up of the members from the applicants' home community, passed on the validity of the stated income. The fee schedule chart, Table I, page 100, was made up on the basis of income received in 1941. In 1943 incomes for farmers were higher, due to higher prices paid for agricultural produce. Consequently, members who joined in the early months of the Health Association were paying less fees in proportion to their present income than did the members who joined two years later because a readjustment had not been made. During the first year the fees collected by the Association

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[19]Ibid.

paid 18.6 per cent of the operating expense incurred.[20] In the following years the subsidy granted by the Farm Security Administration decreased annually. In the last year of the health organization, the fees collected paid approximately 75 per cent of the total expenses.[21]

In order to be consistent in fees levied upon all members, a new assessment chart was developed by the Board of Directors of the Cooperative Health Association in cooperation with the Medical Advisory Board and Farm Security Administration counsel. It was also decided to include, as prospective members to the Health Association, those whose annual income was $1,800. The schedule of rates, as displayed in Table II on the following page also took into consideration the number of persons in each family. The work of reassessment of all members then began, and each member's status was reviewed by his community committee. This was considered necessary because farm prices had risen, and most incomes were higher. Also, some members of different families had entered the Armed Services. This resulted in a smaller number of dependents per family

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[20]Longmore and Vaughan, op. cit., p. 2.

[21]Report dated August 31, 1947 to Regional Office, F. S. A., Amarillo, Texas, signed by Barnard Valdez, Treasurer-Manager, Taos County Cooperative Health Association. In files of Farmers Home Administration, Taos State Bank Building, Taos, New Mexico.

TABLE II

SCHEDULE OF MEMBERSHIP FEES
BASED ON INCOME AND NUMBER IN FAMILY
(Revised, 1943)

Family Income Bracket	Fees To Be Paid According To Family Size											
	1	2	3	4	5	6	7	8	9	10	11	12
1750-1800	32.00	57.00	55.00	53.00	51.00	49.00	47.00	45.00	43.00	41.00	39.00	37.00
1700-1749	31.25	55.50	53.50	51.50	49.50	47.50	45.50	43.50	42.50	39.50	37.50	35.50
1650-1699	30.50	54.00	52.00	50.00	48.00	46.00	44.00	42.00	40.00	38.00	36.00	34.00
1600-1649	29.75	52.50	50.50	48.50	46.50	44.50	42.50	40.50	38.50	36.50	34.50	32.50
1550-1599	29.00	51.00	49.00	47.00	45.00	43.00	41.00	39.00	37.00	35.00	33.00	31.00
1500-1549	28.25	49.50	47.50	45.50	43.50	41.50	39.50	37.50	35.50	33.50	31.50	29.50
1450-1499	27.50	48.00	46.00	44.00	42.00	40.00	38.00	36.00	34.00	32.00	30.00	28.00
1400-1449	26.75	46.50	44.50	42.50	40.50	38.50	36.50	34.50	32.50	30.50	28.50	26.50
1350-1399	26.00	45.00	43.00	41.00	39.00	37.00	35.00	33.00	31.00	29.00	27.00	25.00
1300-1349	25.25	43.50	41.50	39.50	37.50	35.50	33.50	31.50	29.50	27.50	25.50	23.50
1250-1299	24.50	42.00	40.00	38.00	36.00	34.00	32.00	30.00	28.00	26.00	24.00	22.00
1200-1249	23.75	40.50	38.50	36.50	34.50	32.50	30.50	28.50	26.50	24.50	22.50	20.50
1150-1199	23.00	39.00	37.00	35.00	33.00	31.00	29.00	27.00	25.00	23.00	21.00	19.00
1100-1149	22.25	37.50	35.50	33.50	31.50	29.50	27.50	25.50	23.50	21.50	19.50	18.50
1050-1099	21.50	36.00	34.00	32.00	30.00	28.00	26.00	24.00	22.00	20.00	18.00	18.00
1000-1049	20.75	34.50	32.50	30.50	28.50	26.50	24.50	22.50	20.50	18.50	17.50	17.50
950- 999	20.00	33.00	31.00	29.00	27.00	25.00	23.00	21.00	19.00	17.00	17.00	17.00
900- 949	19.25	31.50	29.50	27.50	25.50	23.50	21.50	19.50	17.50	16.50	16.50	16.50
850- 899	18.50	30.00	28.00	26.00	24.00	22.00	20.00	18.00	16.00	16.00	16.00	16.00
800- 849	17.75	28.50	26.50	24.50	22.50	20.50	18.50	16.50	15.50	15.50	15.50	15.50
750- 799	17.00	27.00	25.00	23.00	21.00	19.00	17.00	15.00	15.00	15.00	15.00	15.00
700- 749	16.25	25.50	23.50	21.50	19.50	17.50	15.50	14.50	14.50	14.50	14.50	14.50
650- 699	15.50	24.00	22.00	20.00	18.00	16.00	14.00	14.00	14.00	14.00	14.00	14.00
600- 649	14.75	22.50	20.50	18.50	16.50	14.50	13.50	13.50	13.50	13.50	13.50	13.50
550- 599	14.00	21.00	19.00	17.00	15.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00
500- 549	13.25	19.50	17.50	15.50	13.50	12.50	12.50	12.50	12.50	12.50	12.50	12.50
450- 499	12.50	18.00	16.00	14.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00
400- 449	11.75	16.50	14.50	12.50	11.50	11.50	11.50	11.50	11.50	11.50	11.50	11.50
350- 399	11.00	15.00	13.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00
300- 349	10.25	13.50	11.50	10.50	10.50	10.50	10.50	10.50	10.50	10.50	10.50	10.50
250- 299	9.50	12.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
200- 249	8.75	10.50	9.50	9.50	9.50	9.50	9.50	9.50	9.50	9.50	9.50	9.50
150- 199	8.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00
100- 149	8.00	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50
Under 100	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00

and increased income, in some cases, because of allotments that were sent home.

Previously, non-members were allowed to visit the clinics and fees paid by them were set at a higher rate than for members. However, with the reassessment of fees in force for members, a new policy excluding non-members was established except in cases of emergency.

In the spring of 1944 a letter was received by the Taos County Cooperative Health Association, through the Farm Security Administration office in Taos, from the Farm Security Administration supervisor in San Luis, Colorado. The letter stated that Costilla County, Colorado, after much deliberation, would like to join the Taos County Cooperative Health Association. Costilla County was willing to come in under the same rules and regulations used by the Taos County people, but they would make use of their own medical personnel and hospitals. The idea seemed desirable to both counties in question; but the Farm Security Administration headquarters in Washington, D. C., said that because Colorado and New Mexico were in two different regions, the organization would be too difficult to handle from an administrative point of view.

The treasurer-manager, James Valentine, resigned on July 10, 1944, due to poor health. This left the Cooperative Health Association without a guiding hand, which was

necessary to its existence. The Board of Directors secured the help of four different, temporary treasurer-managers within the following year until Mr. Bernard Valdez was appointed to the position on July 15, 1945. The lack of an efficient management for that year, competent also to adequately explain to the members the necessity of increased fees, contributed to a reduction in total membership.

At the beginning the Taos County Cooperative Health Association stressed curative medicine. As the program developed, more of the preventive aspects of medicine were incorporated. At the three clinics maternal and child health programs were established in cooperation with the State Department of Public Health; and vaccines were given to children for smallpox, typhoid fever, and diphtheria. Schools were started for midwives, and pre-natal clinics were set up for expectant mothers. The physicians and dentists, on their scheduled days at the clinics, gave considerable advice concerning preventive treatments.

No more funds were granted by the Farm Security Administration after 1947, so only necessary curative medical care was given, and there were not enough members to make the Health Association pay by itself. A concerted effort was made as a last attempt to secure enough members who could pay higher dues to keep the Cooperative Health Association going; however, this ended in failure.

On August 25, 1947, the Taos County Cooperative Health Association was dissolved.[22] Some of the people could not believe that it was no longer operating. Others did not care. Regardless of the feelings of the individual persons, a system of health care had been in existence in a by-cultural society for seven years. Even though the Health Association closed its doors in 1949 as a failure, there were some constructive effects which evolved from it. These effects will be discussed in Chapter VI, Analysis of the Data.

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[22]Proceedings on file in the office of the State Corporation Commission, New Mexico State Capitol Building, Santa Fe, New Mexico.

CHAPTER V

METHODOLOGY: SAMPLING AND INTERVIEWING PROCEDURES

The nature of the sampling and interviewing procedure must be explained to provide a foundation for understanding the analysis of the data which follows in Chapter VI.

Pre-test. As was mentioned in Chapter I, a preliminary schedule was developed after analysis of the records and reports, located in various parts of the State, were examined; and after interviewing the key personnel (doctors, nurses, and managers) who acted in administrative capacities for the Health Association. The schedule was then used in a pre-test to determine if the answers received were appropriate to test the hypotheses presented.

For the pre-test three communities were selected from different areas of the County. The first of the three was Amalia, located in the northern mountain area as far away from the established clinics as was any community in the County. The second was the community of Arroyo Hondo, which is centrally located and easily accessible by the main highway in the County. The third selection was the community of Penasco, which lies in the southern portion of the County, accessible but off the main traveled highways. It is also the site of one of the three established

clinics of the Health Association and the largest in population of the three selected communities used for the pre-test.

Ten former members of the Health Association were interviewed in each of the aforementioned communities. Names of the members were secured from the membership rolls located in the Farmers Home Administration offices at Taos. As these names were to be used later on in the study as informants, all former members' names were placed on a list from each community. The selection of the ten people to be interviewed in the pre-test was arbitrarily determined by using the first name and every tenth one thereafter until the required ten had been secured.

In each community some difficulty was encountered in securing the required number of people to interview, because families had moved to other communities or out of the County entirely. In these cases the eleventh person on the list was interviewed.

After the thirty interviews were completed, the results were analyzed to see if the information received was sufficient for the study as outlined. Some rearrangement was necessary. Questions as to age, income, years attended in formal schools, and occupation were deleted. New questions were added which made inquiry into reasons for joining or not joining the Health Association as

pertained to the case in question. Also, questions directly to the point of what were the good and bad things that the informant experienced in connection with the Health Association were added. A copy of the Questionnaire is included in Appendix A.

Selection of the sample of informants. The decision was reached to interview 200 people who had been former members of the Cooperative Health Association. There had been a total of 1,941 separate families who had been members at one time or another during the seven-year period of its existence. Instead of making a copy of all names of former members in each community, as was done for the three communities selected for the pre-test, the third person's name was selected from the membership rolls to make up a list of informants.

Eleven communities were selected at first from which the 200 people needed for the sampling could be obtained. In addition to the three already mentioned in the pre-test, people were interviewed in Chamisel, Talpa, Taos, Arroya Seco, Valdez, Questa, Costilla, and Carson. These communities are well distributed geographically over the County. After the names of interviewees were obtained for the community of Carson, it was found that there were only eight people who had belonged to the Health Association from that

area, so Sunshine Valley and Ojo Caliente were added to the list of selected communities, making thirteen in all.

In obtaining the list of persons that could be used as informants, care was taken to include a representative number of Anglo names as well as Spanish-American names from the membership rolls. The proportion of Anglo to Spanish families in 1942 was approximately one to eleven. These Anglo families who had joined the Health Association compared to the Spanish-American families were approximately one to six. In securing the people to interview, care was taken to keep this proportion the same.

It is recognized that the above procedure of selecting the people to be interviewed is not random sampling in its strictest sense. The method used, however, was necessary because the mobility of the people caused different ones to be selected for the interview from those originally planned. The investigator is of the opinion that the selections served an adequate basis for the purposes of the study.

Interviewing techniques. The investigator did all of the interviewing in order to be as consistent as possible in the techniques used. As each interview was initiated, it was necessary to gain good rapport before questions pertaining to the Health Association study were

asked. At the very beginning when pencil and paper were produced, the informant was reluctant to offer any information. The informant would ask in each case not to be quoted. It was decided, therefore, in the analysis of the data that no names would be used. Also, it was found that considerably more information could be obtained when paper and pencil were not in evidence.

In order to obtain as much information as possible, it was necessary to memorize the questions that were included in the questionnaire and proceed on that basis. This gave a different perspective to the interview. Instead of a fully structured procedure for obtaining responses to a schedule of questions, it became a focused interview with the questions on the original questionnaire acting as a guide in obtaining the necessary information.

The later procedure developed interesting conversation in which considerably more information was obtained. Additional information on occurrences during the period of the Health Association's existence was accumulated.

When each interview was concluded, the investigator made notes of the account that took place on an interview schedule before the details and import of the information was lost. In some cases it was not possible to obtain an answer for all questions that appear on the schedule. At times the informant did not remember what took place at a

certain time or did not wish to say anything about it. The investigator did not push the question further but later on in the interview attempted to word the question in a different manner hoping to gain a response. This was not always successful.

Analysis of the interviews. After the interview portion of the study was complete, it became necessary to make an analysis of the information obtained. This developed into a much more arduous task than if the schedule had been used as originally intended. The material obtained did not lend itself to precise statistical analysis.

The investigator attempted to draw out the dominant themes and responses from the material accumulated. These varied among the different people interviewed. In some cases it was possible to show feelings and trends in approximate percentages, thus providing typical answers as examples tending to prove or discredit an hypothesis. In other cases it was possible to make actual counts of responses which indicated proof or disproof of a specific hypothesis.

In Chapter VI, Analysis of the Data, this mass of accumulated material is presented.

CHAPTER VI

ANALYSIS OF THE DATA

As was mentioned in Chapter I, the Taos County Cooperative Health Association was an example of coordinated effort on the part of people representing two distinctly different cultural backgrounds. They were working together for a common cause, the health of the community; yet their concepts of health were vastly different. The program started in 1942. In 1949, after seven years of operation, the Health Association ceased to exist. Because it was dissolved, the Association was considered a failure. An organization which had been in continual operation for seven years, however, could not have existed that long without something beneficial resulting from it, either in developing the art of group cooperation or in learning how to supervise a health organization better if the opportunity presented itself at another time.

In Chapter V a rather detailed account of the techniques used in obtaining information which would show cause for the failure of the Health Association was discussed. In order to grasp the full import of the accumulated material, a further breakdown of groups of people interviewed in the County must be made.

As was mentioned in Chapter III, page 83, the 1950 census showed 86 per cent of the population in Taos County to be Spanish-speaking and only 8 per cent English-speaking. The remaining 6 per cent were Indian. This latter segment of the population was not involved in the Cooperative Health Association and so was not included in the study. Of the Spanish-American and Anglo-American portions of the population remaining, only those whose annual incomes were under $1,200 before 1944 and under $1,800 after that date could become identified with the cooperative enterprise.

Donovan Senter's[1] portrayal of the class structure and value orientations of the Spanish-speaking people in Taos County, mentioned in Chapter III, pages 73-78, is well presented and gives some idea of the peoples' health habits. It is logical to assume that most of those people grouped in the lower class and lower middle class would, from an economic standpoint, have been eligible to join the Cooperative Health Association. It could be assumed, also, that a small percentage of the upper middle class and a few from the upper class could have joined the Association for the same reasons. Of the Anglo people it could be assumed that those living on small ranches and farms and a few of those

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[1]Donovan Senter, "Villages of the Saints" (Unpublished manuscript, University of New Mexico, Albuquerque, New Mexico, 1942), pp. 138-158.

living in the villages would have been, from an economic standpoint, eligible to join the Health Association.

The question which made inquiry into the annual incomes received by the people during the period of the Health Association was withdrawn before the pre-test was completed. There were two reasons for this decision. The first reason was because the answers received were out of line with the present living conditions of the informants, and the second was because others did not wish to divulge that information.

The investigator made all of the interviews; and, as the study progressed, it developed that decidedly different answers were received from the people representing each of the two social systems; namely, the Anglo and the Spanish-American. Those people representing the Anglo social system were fairly well informed as to the purposes and objectives of the Cooperative Health Association and were in accord with them. They also seemed to have attained a good, practical educational background. Included, also, in this social system were some Spanish-Americans whose cultural concepts were closely associated with those held by the people in the English-speaking social system. One third of the 223 people interviewed were considered to be in this group.

On the other hand, the people whose concepts of health were at wide variance with those propounded by the Health Association and whose cultural concepts were closely associated with the Spanish-American social system were included in a different group. This group, also, comprised a few English-speaking people. The rest, or two-thirds of the people interviewed, were considered to be in the Spanish-American social system.

In order to establish a line of departure, it was necessary to draw certain assumptions which may or may not have been responsible for any difficulty in organization or administration of the Health Association. These are presented in Chapter I. Hypotheses were developed from the assumptions, and then by interviews and upon further study of existing facts, each hypothesis was tested for validity.

The hypotheses will be stated in order as they appear in Chapter I and then discussed in the light of the material accumulated from the interviews and existing data.

I. FIRST HYPOTHESIS

The Association sub-system failed to achieve effective social-cultural linkage with the two existing social systems in Taos County.

a. The Association sub-system had less effective linkage with the Spanish-American system than with the Anglo system in Taos County.

b. The Association sub-system failed to incorporate members of the two above-mentioned local systems in the planning-initiation phase of the project.

c. If some of the members of the local systems were incorporated in decision-making processes at the planning-initiation stage, they were not all recognized leaders of their respective systems.

d. The Anglo-imposed program concerning health failed to correspond with Spanish-American concepts of health care.

The Taos County Cooperative Health Association was new to most of the people in the County. Those farmers who had borrowed money from the Farm Security Administration were in a position to avail themselves of the Medical Care Program established by that agency. To them a medical program was not new. However, that program was only for borrowers of Farm Security Administration funds; so the percentage of users of the Medical Care Program was small.

When the Health Association was established, those farmers who had been in the Farm Security Administration Medical Care Program formed a nucleus for the new association. They did not have to be sold on the benefits of health care. The membership rolls of former members of the Medical Care Program established by the Farm Security Administration could not be located. The subject was mentioned in the interview, however, and the information was indicated under "remarks" at the bottom of the questionnaire after the interview was completed. In the Anglo social system all but six of the people interviewed were

acquainted with, or had belonged to, the former Medical Care Program. In the Spanish-American social system only 62 people interviewed had been members, or were acquainted with, the former program. These findings indicate that there were some favorable reactions to the Medical Care Program which helped to obtain members for the new Cooperative Health Association.

As was mentioned in Chapter III, the Spanish-American people of Taos County had been in isolation by preference for many years. Their cultural traits had been sufficient for their own ends. There were a few of the Spanish-speaking heads of families, however, who had changed their health concepts more than other family leaders and were slightly more Anglicized than the others, so they promptly joined the new Health Association. The family leaders' concepts of health in these instances were similar to those of the Anglo social system and were considered to be in that group.

The Health Association was a new social sub-system imposed upon the two already established systems.[2] The Spanish-speaking people formed a much older social system. As was pointed out in the study, the background and culture

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[2]Charles P. Loomis and J. Allan Beegle, Rural Social Systems (New York, 1950), pp. 1-36.

of the Spanish-speaking people was such that they were resistant to change.[3] It must follow that the Health Association could not have secured a very effective foothold without the assistance of English-speaking families and some Anglicized Spanish-Americans, intermixed throughout the County, who could help to bring about changes in attitude toward the Health Association among their Spanish-speaking neighbors. A look at the membership rolls[4] indicates that, of those who joined during the first year, one family in six was English-speaking.[5] During the succeeding years the proportion of English-speaking families who joined was very small. This might signify that most of the English-speaking families who could belong to the Health Association, according to the standards set by the Board of Directors, had joined in the first year. On the other hand, the human element of not wanting to join a new organization until it had proved itself successful could have kept some Anglo families from joining until later on.

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[3]Supra, pp. 50-59.

[4]Taos County Cooperative Health Association, Membership lists 1942-1948, Taos State Bank Building, Farmers Home Administration Office, Taos, New Mexico.

[5]Ibid.
That the families were English-speaking was taken from the English surname entered on the rolls. The investigator did not interview all of the families with English surnames, but of those interviewed all were English-speaking.

A look at the active membership rolls of the Cooperative Health Association for 1947 reveals that one family in seven was English-speaking. This indicates that there were a few more Spanish-speaking families proportionately who had joined in the later years of the Health Association than occurred at first. It also indicates some progress in changing the health concepts of the Spanish-speaking people. In the same year the county-wide ratio of English-speaking families was approximately one to eleven.

If effective social-cultural linkage between the Association sub-system and the two existing social systems had been established, it could be assumed that there should have been a much higher ratio of Spanish-speaking to English-speaking families who joined the Health Association than occurred during the succeeding years of operation. Therefore, the decision must be that the portion of the hypothesis which is concerned with effective social-cultural linkage between the social systems had not been established.

At the time the Taos County Cooperative Health Association was initiated, considerable ground work had already been started to acquaint the people in the County with health organizations. The Farm Security Administration had been operating a medical program, and the Taos County Project had been involving leaders in the various

communities in working with the Taos County Health Committee. The governing body of the Taos County Project had made a special point to secure the right leaders in all communities to help them carry out different rehabilitation programs in each area. The program of health care was no exception. In this case, however, there was the difference in the system of values in the two cultural backgrounds concerning health care.

Of the seven people who composed the Board of Directors of the Taos County Cooperative Health Association, two were Anglos. The other five were from old line Spanish-speaking families and had worked hard to put the Association across to other Spanish-American people of the County. All seven members of the Board had been involved in helping promote the Health Association. It would seem more normal for Anglos to work with other Anglos representing an outside social system than for Spanish-speaking people to do so. However, in this case the five Spanish-speaking Board members represented a higher ratio than would normally be expected.

Therefore, from the facts presented the contention is refuted that the Association sub-system failed to incorporate members of the two local systems in the planning-initiation phase of the project.

Effective social-cultural linkage should provide sufficient understanding on the part of the people of different cultures to work efficiently together. The concepts of health of the Anglos and Spanish-Americans were not the same; in fact, as has been pointed out, there was an extremely wide difference in these concepts.[6] Consequently, it seemed reasonable to conclude that at least in the area of health, there was little cross-cultural understanding. It is interesting to note the results of the interviews on this point. The question was asked when there was an injury in the family, to whom did they go for help. A typical answer of the people included in the Anglo social system was, "It depends upon the nature of the injury." When questioned further, it was indicated that minor cuts and bruises were treated in the home. Broken bones or deep cuts were relieved as well as could be at the time but were given medical attention as soon as they could secure the services of a physician.

In the Spanish-American social system the answers given to the question concerning the procedure in case of accident were different. Typical answers were, "We fix it," and, "We get it fixed." Others said, "We go to a doctor." Upon further questioning, it was found that either it was

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[6]<u>Supra</u>, pp. 67-72.

fixed in the home or by a local curandero. A medical doctor was called only in rare cases.

The response to the question concerning disposition of sickness in the home was answered in a similar vein by people included in both social systems.

The Taosenos' concept of health was essentially the same as that of their forefathers one hundred years before. If a person should have been unfortunate enough to get sick, it was the "will of God" casting his wrath upon the wrong-doer. The unfortunate one endured the sickness until his penitence was complete. This was, of course, at wide variance with existing Anglo ideas on the same subject. The Health Association secured the cooperation of three different hospitals in the County to which referred cases were admitted. The Spanish-Americans' concept of the hospital was that it was the place where individuals were taken to die. This attitude toward the hospital was caused by the fact that a good many of the Spanish-speaking people would not allow one of their number to be admitted to a hospital until they had practically given up hope of the individual ever getting well. This situation is only further evidence of the lack of inter-cultural understanding.

Furthermore, the Health Association was an Anglo-imposed program because of the conditions under which funds

were secured to operate it, and because of the influence of the Farm Security Administration which was unquestionably dominated by Anglo concepts. Also, many health practices recommended by the Farm Security Administration were in direct contradiction to the Spanish-American health practices in the area. Hence, the lack of desire for interaction on the part of the Spanish-American people of Taos County with outsiders was not at all surprising, and normal advances in health care brought about through scientific discovery were not made by them.

This lack of desire to participate and lack of understanding on the part of the Spanish-speaking people resulted in few of their kind becoming members of the Health Association during the beginning months. It was not until three local leaders were hired by the Board of Directors that applications began to come in. The local leaders working with the Health Association gave confidence to the people. One of these local leaders was a curandero of no mean ability. He alone brought in over six hundred applications. This suggests that rather than developing inter-cultural understanding, personal reliance upon the character of leading individuals was responsible for much of the Spanish-American's participation in the project as eventually did develop.

Therefore, from the facts presented, that portion of the hypothesis is substantiated which says that the Anglo-imposed program concerning health failed to correspond with the Spanish-American concepts of health care in Taos County.

Furthermore, the nurses interviewed were of the opinion that many Spanish-American members did not make adequate use of the clinical facilities. Those members who lived close by were reported to ask for clinical care for many minor injuries. For example, cuts, bruises, and colds were treated often; but only a few people with major injuries went to the clinics for help. Expectant mothers went to the clinics if they were not feeling well; however, at the time of delivery some stayed at home attended by a midwife. It seemed to the nurses that member patients came to the clinics more often out of inquisitiveness than for treatment.

The results obtained by interview with former Association members are presented to further substantiate the hypothesis under discussion. The table on the following page shows a breakdown of results obtained to the question, "What, in your opinion, were the good things about the Health Association?"

TABLE III

BREAKDOWN OF DIFFERENT ANSWERS GIVEN BY PEOPLE REPRESENTING THE SPANISH-AMERICAN SOCIAL SYSTEM AND THE ANGLO SOCIAL SYSTEM TO THE QUESTION, "WHAT, IN YOUR OPINION, WERE THE GOOD THINGS ABOUT THE HEALTH ASSOCIATION."

Typical Answers	Number of People Represented	
	Spanish-American Social System	Anglo Social System
1. It showed what people could do when they put their heads together.	0	14
2. It helped in payment of fees.	24	10
3. It helped get medical care.	13	31
4. It helped to save a member of the family.	106	9
Number of people interviewed	149	74

The answers in Table III indicate as a general rule an attitude of genuine appreciation of the program. It is interesting to note the answer received from fourteen former members representing the Anglo social system by, "It showed what people could do when they put their heads together." This answer was not received from any member representing the Spanish-American social system. All of the answers show a difference in the medical concepts of the people

included in the two social systems to the benefits derived from the Health Association.

Another question asked specifically in the interview was, "What, in your opinion, were the bad things about the Health Association?" The following are examples of answers received by 123 people representing the Spanish-American social system and 11 people representing the Anglo social system. "The organization cost too much to belong to at the last," "The cost increased, and we could not afford to keep on paying," "It cost me more than I was getting out of it," and, "The clinics were too far away." These answers are an indication that the people representing the Spanish-American social system were not convinced that a type of health insurance was beneficial to them.

On the other hand, those members who favored the program opened another avenue of thought to the bad things about the Health Association. Thirty-nine people representing each of the two social systems answered this question with, "The Association did not last long enough." It must be noted that the proportion of people representing the Anglo social system, answering in this manner, is correspondingly higher than those in the Spanish-American social system. This answer suggests that they were sufficiently satisfied with most aspects of the Association and would have remained members if the opportunity had presented itself. The

proportion of answers received from the two systems to the above question further supports the hypothesis under discussion.

The results obtained to the question, "What, in your opinion, were the main reasons why the Taos County Cooperative Health Association ceased to operate," are shown in the following Table.

TABLE IV

BREAKDOWN OF DIFFERENT ANSWERS GIVEN BY PEOPLE REPRESENTING THE SPANISH-AMERICAN SOCIAL SYSTEM AND THE ANGLO SOCIAL SYSTEM TO THE QUESTION, "WHAT, IN YOUR OPINION, WERE THE MAIN REASONS WHY THE TAOS COUNTY COOPERATIVE HEALTH ASSOCIATION CEASED TO OPERATE?"

	Number of People Represented	
Typical Answers	Spanish-American Social System	Anglo Social System
1. Because of lack of funds to go on.	72	21
2. Because the people could not get along.	5	7
3. Because of lack of members.	23	6
4. Because of change of managers	0	7
5. The Taos County Medical Society.	0	6
6. Lack of continual education.	3	18
7. Don't know.	31	2
Number of people interviewed.	149	74

It will be noticed in Table IV that the answer, "Because of lack of funds to go on," was the reason for failure given most often by people representing both social systems. This will be discussed at length under Hypothesis VII later in the chapter. The answer is presented here to indicate the proportion of answers given by both groups. Approximately fifty per cent of the people representing the Spanish-American social system gave this answer for failure of the Health Association as compared to less than 33 per cent of the people representing the Anglo social system.

"Because the people could not get along," was another answer given seven times by people representing the Anglo social system and five times by people in the Spanish-American social system to why the Association failed. In the closing months of the Health Association it was discovered that most of the people connected in any way with it were irritable for the reason that the outlook for the Association was rather dim. The Board of Directors would not meet to turn over the final papers to the receiver appointed by the Farm Security Administration. The Medical Director was questioned concerning better cooperation with the Board of Directors, and the Association members were clamoring to the Board of Directors for better health facilities and care. The last efforts to obtain more members to carry on the Association proved futile, so the

irritability on the part of all concerned with the Health Association was probably caused by the knowledge that it was going to close down.

The third answer listed in Table IV given by 23 people in the Spanish-American social system and six in the Anglo social system for the reason the Association failed was, "Because of lack of members." This answer revealed, of course, the immediate cause of closing the Association but had little real significance as far as actual cause-effect relationships are concerned. Perhaps the very nature of this response is relevant to the failure of the educational campaign and other real factors that were presented.

A small percentage of the people representing the Anglo social system attributed the failure of the Health Association to the Treasurer-Manager and the lack of his continuous connection with the program throughout its existence. When Mr. Valentine was forced to resign because of ill health in July, 1944, the next permanent manager, Mr. Bernard Valdez, was not secured until July, 1945, one year later.[7] During that year four people attempted to run the affairs

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[7]Taos County Cooperative Health Association, Membership lists 1942-1948, Taos State Bank Building, Farmers Home Administration Office, Taos, New Mexico.

The last Treasurer-Manager of the Taos County Cooperative Health Association was Mr. Bernard Valdez, who took over reins of management July 15, 1945, and stayed until March 4, 1948.

of the Health Association. An organization with as great a magnitude of business and responsibility as was developed in the Taos County Cooperative Health Association could not be run without a strong hand. Sustained leadership is needed in every phase of organization and operation of any project. If one designated leader leaves the project, he must be replaced by an equally effective person. The interim of one year between managers was an additional contributing cause to failure and hurried the ultimate closing down of the Association.

The Taos County Medical Society was criticized in six of the interviews representing the Anglo social system for the failure of the Health Association. Letters of criticism were written to the Farm Security Administration objecting to the policies of the Health Association and of the management by the Medical Director.[8] New policies were suggested in an effort to ward off a complete failure. The Medical Society was not in favor of the Association continuing operation as it had been doing in the closing months.

The lack of continual education was the reason given for failure of the Health Association by 21 of the people interviewed. As is indicated in Answer 6 in Table IV, 18 of

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[8]Taos County Cooperative Health Association, Correspondence, Taos State Bank Building, Farmers Home Administration Office, Taos, New Mexico.

Letters on file written by the Taos County Medical Society to the Farm Security Administration.

these people represented the Anglo social system and three represented the Spanish-American social system. The investigator believes that this is one of the main reasons for the Association's failure. A continual educational program was necessary from the beginning. As each new member joined with his family, he should have been clearly informed of which medical facilities he was entitled and how he should proceed when care was needed. A continual health care program should have been carried on in the schools by the teachers with the help of the nurses located at the Association clinics. During the period of population shifts within the County, a continual health information program should have been the foremost objective carried on by the Board of Directors. Special meetings could have been held in each community to allow the citizens the opportunity to discuss any questions that might have arisen. In this way questions concerning health which were not fully understood by the community members could have been settled to the satisfaction of all concerned.

The last answer listed in Table IV was quite common among people representing the Spanish-American social system. Because their medical concepts were different than those held by the Anglo social system, it is believed that many of the people in the Spanish-American social system were confused with the improvements that were attempted at the

at the time of the Cooperative Health Association.

The answers here presented further substantiate the hypothesis presented.

II. SECOND HYPOTHESIS

Throughout subsequent phases of the program, legitimation and execution of decision-making processes were restricted to Anglos and a few Spanish-Americans, and legitimation of decisions was not secured in the Spanish-American social system.

As has been discussed, those eligible to join the Taos County Cooperative Health Association were heads of families or single males making less than $1,200 a year before July, 1944, or $1,800 a year after that date. The people who became members secured the right to vote in the annual general meeting.

The governing body of the Health Association was the Board of Directors which, as was mentioned before, consisted of two Anglos and five Spanish-Americans. The Directors were elected by the Association members. Administrative decisions, therefore, were taken care of by the Board. The principal duties of the Board of Directors were as follows:

a. To select and delegate authority to management.

b. To determine policies for guidance of management.

c. To control expenditures by authorizing budgets.

d. To keep members fully informed as to the business of the Association.

e. To cause audits to be made at least once each year, or oftener, and reports thereof to be made directly to the Board.

f. To study requirements of the members and to promote good membership relations.

g. To prescribe the forms of contracts between members and the Association.[9]

The decision-making processes were limited to the seven directors. The decisions arrived at would, therefore, be considered to be the decisions of the members. The Constitution and By-Laws provided that any action taken by the Board of Directors could be vetoed by the members at any general meeting. However, there was no evidence in the minutes of the meeting of the Board of Directors that there was any dissatisfaction on the part of the members of the Association to the Board's decisions.

During the interviews the question was asked if the people were satisfied with the decisions made by the Board of Directors. Of the 74 people interviewed in the Anglo social system, 72 said they had been perfectly satisfied with the operation of the Association. The other two people said they thought it could have been run more effectively, but specific suggestions for improvement were not forthcoming. In the Spanish-American social system, of the 149 people interviewed, 113 had been satisfied with the administration.

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[9]<u>Infra</u>, Appendix I, p. 260.

The remaining 36 were not satisfied and said, "We should have been given better care," and, "The doctors were not any good." Such answers do not suggest ways of improvement. It is the opinion of the investigator that these answers were purely conversational.

When the first By-Laws of the Health Association were drawn up, the wording and meaning was developed for English-speaking people. Anglo health and cultural concepts and duties of officers common to Anglo organizations were used. They were developed by Anglos for both Spanish-speaking and English-speaking peoples. The By-Laws were ratified by representatives appointed from the different communities to work with the Taos County Project workers.

The investigator believes that the decisions made by the Board of Directors were not questioned by the members because of their cultural traits. Even though the governing policies were made by a few, they were accepted by the total membership.

From the facts presented, it is indicated that legitimation of decisions was not secured by any group outside the Board of Directors. However, in the main, the Board was not questioned in its judgment. One decision made by the Board which caused considerable discussion was the increasing of annual fees to be paid by the Association members. After the reasons were presented by the Board to

substantiate their actions, resentment to the decision ceased.

The preceding facts give little or no support to the hypothesis that, decision-making processes were restricted to Anglos and a few Spanish-Americans, and that legitimation of decisions was not secured in the Spanish-American social system.

III. THIRD HYPOTHESIS

Effective channels of communication were not established between the Association sub-system and the two Taos County social systems.

a. There was inefficient use of existing communication media.

b. The settlement pattern of the different kinship groups prohibited easy communication between their leaders concerning the Health Association.

As a follow-up of requests from Taos County citizens, the Director of the Taos County Project appointed a Health Committee to work out plans for an overall County health program. This was the beginning of communication regarding the Cooperative Health Association.

Members of the Health Committee went to many communities to find out the ideas of the people there concerning health needs. The records of the committee's procedure do not show that each community was visited. In those communities that were visited, however, the subject for discussion

was health needs and care. It had been suggested by the Taos County Project Director that each community representative develop discussion groups on health in his respective area. This would have acquainted more people with the idea of working together to discover health needs.

In the development of the Taos County Cooperative Health Association, the community leaders of each area were introduced to the objectives of the program so that the leaders would know what was going on, and they in turn could inform other members in their community. Discussion in this respect was by word of mouth. It must be remembered, however, that after passing between more than two people, the original intention might have been changed to some degree, due to human error of explanation or absorption. Because of the difference in the concepts of health between the Spanish- and the English-speaking people, it is possible that only the information which was desired to be heard was heard and that the rest of the information fell on deaf ears. Follow-up on the part of the leaders about the Association's original intentions might have helped to eliminate misunderstanding that occurred.

By communication is meant a thorough transmission of ideas or information, by the use of any media, from one to another, whether it be an individual or a group. When the information given, or the ideas presented, are not

understood in every detail by the listener, an entirely different conception of the complete story may be realized. There must be interaction of ideas and a complete understanding between the speaker and listener, or writer and reader. Good communication also depends upon the kind and amount of information given out at one time. A mass of news or ideas may be presented by one person to another with only a small portion of material being absorbed by the listener. Where a subject which is entirely foreign to the everyday practices of the people is being presented, the information given must be explicit and pertinent. Communication may also be improved between individuals when the setting is friendly and sociable and when the group is small. For this reason a meeting in the home with a small group is much more conducive to interaction of ideas than at a large meeting in a local hall. The larger local gathering may be used ideally at first to present the overall picture and then followed up with smaller discussion groups.

Such was the practice in the development of the Cooperative Health Association. A bookmobile with generator and motion-picture equipment was scheduled to go into specified communities on different nights. The screen and motion-picture projector were set up in a central meeting place and all of the people in that community were urged to be present. The pictures were shown and then, while the

people were gathered together, the idea of a health association was presented to them. The people then discussed the program among themselves.

According to information secured by interview, the discussion meetings which took place after the visits of the bookmobile were few in comparison with discussion that went on in individual houses after the people had returned to their homes. One of the forty recommendations, mentioned earlier in the study, bythe County Health Committee was that small groups meet together and discuss health problems, led by a local Health Association leader. This was done in only a few communities. However, more informal discussion took place in the stores, barber shops, after Sunday church services, and other places in the villages where people gathered. This recommendation has caused the investigator to feel that many more trained local teachers and leaders could have been utilized by the Association, and that more emphasis should have been placed on the presentation of only a few changes in health practices at a time over a longer period of time.

Another method of communicating information about the Cooperative Health Association was by the use of a series of handbills. These contained information of various kinds. Some told what the Association was trying to do, what health facilities were available to members, and who

were eligible to join. Others suggested what the family should do if it wished to join and to whom to go in order to get answers to more specific questions. The handbills were printed in both the Spanish and English languages. Each item on the handbill would have made an excellent single topic for small group discussion if such situations could have been managed.

During the interviews the question was asked how the informant first heard about the Cooperative Health Association. The typical answers received from people representing the Anglo social system were, "I first heard about the organization at the community meeting," and, "I heard about it through our community representative." From people representing the Spanish-American social system the typical answers were, "I heard about it through my neighbor," "I heard about it at the church," and, "My friend told me." These answers indicate to some extent the method of communication by which the idea of the Health Association was relayed.

The medium of the press might have been utilized to better advantage in the transmission of information concerning the Cooperative Health Association to the people of the County. It could have helped in two ways: first, during the formation of the Health Association; and second, during the process of securing members. The weekly newspaper,

El Crepusculo, was the only publication in the County. A search through back issues of the newspaper, printed in 1942, yielded approximately one item per month of news on the Taos County Cooperative Health Association. These news items were of local interest, and each said with whom to get in touch in order to get more information. Another objection to communication through the newspaper was that few people subscribed to it outside the village of Taos. This limited use of the local newspaper was not sufficient for an effective educational campaign.

In view of the facts presented, the investigator contends that the first portion of the hypothesis is substantiated in that there was inefficient use of existing communication media.

The second portion of the hypothesis on communication suggested that the scattered settlement pattern of the communities prohibited easy communication between their leaders. In the mountain areas transportation was limited at certain times of the year. However, when it became necessary for the members of one community to communicate with members of another community, they either walked or rode horseback in bad weather, or drove a wagon or buggy in good weather.

The settlement pattern made very little difference to communication. Urgent information was carried through from one community to another as fast as the mode of travel

permitted. The only difference was in the cultural concepts of what was considered urgent. It is logical to assume that when communities were situated close to each other, communication would be faster between them than between two mountain communities. The Cooperative Health Association was a topic of interest, so information concerning it flowed between all communities.

In order to try to uncover further evidence of communication in out-of-the-way communities, completed schedules were separated for the communities involved. Knowledge of the Health Association activities by its members were similar for all communities concerned. Use of the clinics by out-of-the-way communities will be discussed under Hypothesis IV.

Therefore, the data do not support the contention that the settlement pattern of the different kinship groups prohibited communication between their leaders.

IV. FOURTH HYPOTHESIS

Inability to make use of the health facilities established by the Health Association was a contributing factor to its failure.

Members of the Cooperative Health Association lived in all parts of the County. A concentration of members, however, was located in the Penasco, Taos, and Questa areas, as is shown in Figure II, page 47. For that reason the

clinics were established in those communities. There were some members, however, who lived in communities many miles away from the clinics. The main highway, which runs the entire length of Taos County from north to south, is a hard surfaced, all-weather road. Others have been made into all-weather roads for short distances only. Many of the roads were unimproved and occasionally not passable in bad weather. Consequently, at times, the job of getting to the clinic was a major undertaking. Even in good weather, the journey was time consuming, because some members traveled 35 to 45 miles to get to the nearest clinic.

The economic condition of many of the people in the County was, by comparison, much lower than that of the people in many other counties in the Southwest. Consequently, the methods of transportation to the clinics were by buggy or wagon, horseback or on foot. These modes of transportation prohibited a very sick person from making use of the clinical facilities, and so he was treated in the home by the best-known remedies at hand. In case of emergency another person was sent to the nearest clinic to secure medical aid. The return trip was accomplished by ambulance, which was kept at the clinic for emergency calls. If the doctor or nurse was not able to treat the patient in the home, they would rush him to the nearest hospital for proper medical treatment. Sometimes the requests

for medical aid came too late to give the patient proper care.

The results of the information compiled from the interview schedules must be discussed on this point. The question was asked if any difficulty was encountered by the members in getting to the clinics and if there was, what were the causes. Approximately fifty per cent of the people representing the Anglo social system said that there was difficulty in getting to the established clinics. This represented those who lived at some distance from such facilities and indicated such in the reasons for the difficulty. However, each explained that in cases of emergency he got to the clinics where medical care was obtained. This group also felt that the clinics should be located in areas where the most people were living.

The same proportion of the people representing the Spanish-American social system said they had difficulty in getting to the clinics. As a consequence, the facilities were not used by those people who lived some distance away. They went, however, to the local curandero when assistance was needed. The investigator is of the opinion that those people who did not make an extra effort to get to a clinic if the need arose, were fully aware of the clinical offerings.

Another question which was asked has some bearing on this point. Inquiry was made if the informant thought any one community received more medical care than another. Of those people representing the Anglo social system, approximately one half thought that those who lived closer received more benefits. However, the same people did not list that as a reason for the cause of the Association's failure.

In the Spanish-American social system, approximately two thirds of the people said that those who lived near the clinics received more medical help. When this same group was asked for causes of failure of the Health Association, a common reason given was, "The clinics were too far away."

As was mentioned under Hypothesis I, the nurses interviewed were of the opinion that the people representing the Spanish-American social system did not make proper use of the clinical facilities. However, interviews with former Association members showed that the general feeling was that they got to the clinics when the need was urgent. The health facilities located in the community established better relationship between the Taosenos and the Health Association social sub-system. The clinics were available for the people to use, but time was necessary in order for clinical methods to be accepted.

Here was a paradoxical kind of situation. The members who lived far away from the clinics had a hard time getting to them; the members who lived close used them for minor but not major ailments. Thus, when the facts are applied to this situation, the most logical conclusion is that the clinics represented changes in health concepts to the people that time and close association alone could change. Furthermore, the difficulty lay in the fact that the people were not educated to proper use of the clinics rather than that they were unable to get to them. Hence, the hypothesis will not withstand a test by the data and must be judged invalid.

V. FIFTH HYPOTHESIS

The lack of opportunity for the Spanish-Americans to avail themselves of educational offerings was a contributing factor toward failure of the Health Association.

At the time that Taos County was settled by the Spanish explorers, formal education was thought necessary for only members of the clergy. The main emphasis was on making a home and protecting it from outside forces. The Spanish-speaking people entered a self-imposed isolation period which was a defense against continual changes confronting their culture. As the English language became the language of business and of the schools, the younger children were placed in increasing contact with it. However,

the children were needed at home to help tend the crops and livestock, and schools were attended only when farm work was finished.

The lack of opportunity to attend school for any length of time reduced the possibility of learning the English language. At the same time sanitation and health care, which were taught in the schools by some teachers, were missed by the absent pupils. As soon as the children were old enough to work all day on the farm, the tendency to stay home increased until they were way behind their age in grade and dropped out for good. Consequently, due to interrupted school activities, there was little opportunity to absorb changes in health concepts taught in schools.

An educational program of health care and sanitation was started by the Board of Directors of the newly formed Cooperative Health Association as members were being solicited. The people whose health values were similar to those of the Health Association were promptly secured as members. The answers of many others, however, was, "I will wait and see how it works." The changes were pressed on the people too fast. People were not educated to the point of accepting changes which they had not tried. The educational campaign of the Cooperative Health Association should have lasted long enough to get to each community so that each

person there would have been fully informed of the full import of the program, but it did not last that long.

After the people became members of the Health Association, it was necessary to print handbills in both Spanish and English telling each member his rights and for what facilities he had paid. During the course of the interviews, it was found that some members who had paid one year's dues and did not require the services of a doctor or clinical care had not joined the following year. (The idea of cost has been discussed under the First Hypothesis.) The reason for not joining the second year was that money had been paid for medical care and nothing was received; so, by their method of reasoning, there were services still due without the payment of more dues to maintain their memberships in the Health Association. The reason why some neighbors of former members had never joined the Association was that they did not intend "to pay to get sick." The idea of health insurance was hard to put across. This also was evidence of the failure of the educational effort.

Here is a cultural trait that is characteristic of a good many people in the United States. The idea of spending money when the person is not sick is foreign to many. A thorough medical-protection educational program that would have involved all members of the community might have assuaged many of the doubts and fears which have been

a part of the folkways of the Spanish-American people towards health for many years.

Therefore, the facts presented substantiate the hypothesis that the lack of opportunity for the Spanish-Americans in Taos County to avail themselves of educational opportunities in the past was a contributing factor towards failure of the Cooperative Health Association.

VI. SIXTH HYPOTHESIS

Economic changes, due to World War II and subsequent shifts in population, contributed materially to the failure of the Health Association.

With the advent of World War II and the increase in defense jobs, more people in Taos County were able to obtain jobs and earn more money than they had ever been able to earn before. The job possibilities were more abundant, however, in neighboring counties and states. Consequently, the people moved temporarily out of Taos County to be close to their jobs. The biggest percentage of such shifts was among the men, because the women were held to the family circle more closely in the Spanish-American communities than the men.[10] Men usually kept their families at home because of the inconvenience of finding a

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[10]Lyle Saunders, Cultural Difference and Medical Care (New York, 1954), pp. 45-53; Charles P. Loomis and J. Allan Beegle, Rural Social Systems (New York, 1950), pp. 144-149.

new place to live and because they wanted to be sure there was a place to come back to when the work possibilities were over.

More money was available to some families because of members in the Armed Forces who sent allotment checks home. Higher prices paid for farm produce also increased the income and tended to increase the standard of living.

There was considerable change in membership within the Cooperative Health Association during the later war years. Those who had joined in the beginning became members when the annual income could not be more than $1,200. The increase in money received through outside jobs, increase in agricultural income, or through allotment checks from sons in the service made some members ineligible because their incomes were too high. Most members were receiving more income than they had the year or two before; however, some were not so fortunate and their average annual incomes remained approximately the same. Table I, page 100, shows the schedule of fees paid by Association members based on yearly income and number in the family. The fee schedule had been used since the beginning of the Association in 1942. As late as 1944 members were still paying fees based on this first schedule. Neighbor families who joined after 1942 paid more dues accordingly, because there had never been a reassessment or reevaluation based

on the revised family incomes of members. Consequently, there was much dissatisfaction and loss of members because of inconsistent fees. The question was asked in the interviewing procedure of Association members as to policies they did not like about the organization. Typical responses pertaining to fees were, "Members did not all pay the same proportionate amount of fees," "I dropped out when I found out I paid more fees than my neighbor," and, "Fees should all be the same for the same number in a family."

In late 1943 a new fee schedule was developed and the annual income which a member could receive was raised to $1,800. Together with the new fee schedule, a reevaluation was made on all the members' incomes. An increase in assessment to members who had belonged for two and three years caused some to become irritated, and they dropped out accordingly. Some of the members, however, could see the justice of systematic evaluation and reassessment and continued as members without much opposition.

Membership in the Cooperative Health Association was changed, also, due to the shift of population within the County. As work became more available in adjacent cities and states, members of the Health Association moved outside the County to their new jobs. There was some movement into the County, but census figures show a gradual decrease for

Taos County during World War II years.[11]

Hence, from the facts presented, it is the contention of the investigator that the hypothesis is substantiated in that the economic changes caused by World War II and the shifts in population which occurred at the same time were two contributing factors to the failure of the Cooperative Health Association.

VII. SEVENTH HYPOTHESIS

The Taos County Cooperative Health Association had failed prior to the withdrawal of the Farm Security Administration funds.

As can be seen from the discussion of the other hypotheses, there were many factors which had a bearing on the failure of the Cooperative Health Association. It is true that without any outside aid the Association could not have started operations. The annual amount of funds appropriated in the later years of the Association were less than in the beginning when the clinics had to be established and necessary equipment installed. Later, the fees of members were increased; but the number of members decreased after 1946, so there were insufficient fees taken in during

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[11]United States Bureau of the Census, Sixteenth Census of the United States: 1940. Population, Vol. II (Washington, 1952); and United States Bureau of the Census, Seventeenth Census of the United States: 1950. Population, Vol. II (Washington, 1942).

any one year to pay the accumulated expenses. Additional outside funds were always necessary.

At the start of the Health Association, it was estimated that it could not possibly pay for itself with less than one thousand member families; and in order to work efficiently, there should be two thousand families. All of the causes for failure that have been discussed had helped to decrease the membership year by year until at the beginning of 1943 there were less than three hundred members still active in the Association.[12] Feeble efforts were made to increase the membership, but nothing materialized. Interest had waned and the Association was judged a failure. It passed into receivership of the executive of the Farm Security Administration.

VIII. OTHER FACTORS CONTRIBUTING TO FAILURE OF THE TAOS COUNTY COOPERATIVE HEALTH ASSOCIATION

Other facts were uncovered in the conversations which took place during the course of the interviews which tended to show some reasons for isolation on the part of the Spanish-American people. It has been mentioned during the course of this study that the Spanish-speaking people

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[12]Taos County Cooperative Health Association, Membership lists 1942-1948, Taos State Bank Building, Farmers Home Administration Office, Taos, New Mexico.

distrust, to some extent, the English-speaking people. There is some cause for such distrust as will be shown from the following incidents.

In 1920 an attempt was made to develop an irrigation project on the west side of the Rio Grande in Taos County near the small community of Carson, which is shown on Figure II, page 47. Anglos behind the proposed project were attempting to reclaim some of their flat mesa land and also were attempting to help the many small Spanish-speaking farmers in the area. Army engineers were brought in, the land surveyed, and a site for the proposed reservoir was established. Mr. Edwin Shupe, on whose property the reservoir was to be located, was instrumental in raising money for the project by having each farmer bond his land for its full value. The money thus raised was to have been paid back from the produce raised on the irrigated land.

The reservoir was finally completed and water to fill the bowl was confined from the melting snow. Irrigation channels were then laid out; but before they were dug, the water from the reservoir disappeared into the ground. A new spring developed many miles below outside the County. The rock strata underlying the reservoir were very porous and not the kind on which water could be retained. As a consequence, each land owner who had bonded his holdings and could not pay his debt lost the land to the bonding

agency. The Spanish-American's loss was the largest, for he had lost his home and his trust in the English-speaking people.

Another incident, similar to the first, happened in the northern part of the County in the community of Sunshine Valley, also shown on Figure II, page 47. Water to irrigate this pleasant valley was to come from Red River, but a ridge of rock separated the two. Land in Sunshine Valley was bonded with a bonding company to raise the needed money. Before the project could be completed, the money was gone and no more could be secured. Many landholdings in this case were lost, also, as well as trust in Anglo projects.

During the process of interviewing former members of the Cooperative Health Association, the two incidents were repeated many times. When the Association was in the process of securing members, the membership rolls indicate that few families joined from these two communities. It is interesting to note that on the west side of the Rio Grande, where the unfortunate Carson project was located, only eight members joined the Health Association. A similar disinterest was found in the Sunshine Valley community.

Another item of dissatisfaction brought out in interviews was the reduction of the acreage of open range land and forest areas on some of the land grants in the County. This is an indirect contribution to failure of the

Association, as were the irrigation projects, causing, as it did, an increased distrust of the Anglos by the Spanish-Americans.

The Beaubien e Miranda and Costilla Grants were the two main ones with which the people of Taos County were concerned. For many years the ranchers grazed their sheep on the open range of these two grants. At the same time the ranchers entered the forests and cut their supply of firewood for the winter months and also secured poles for their buildings and corrals. An increase in taxes by the Government forced holders of the grants to sell portions of the land to help pay expenses. Anglos obtained much of the original landholdings and proceeded to fence off the area. This prevented stock from free access to much of the range land and deprived the ranchers of their supply of fuel and building material. Even at present, there is considerable resentment on the part of the Spanish-American people of the management of old Spanish grants now owned by English-speaking people.

An item which has some bearing on the failure of the Cooperative Health Association was obtained from casual conversations with a former member in Taos County. The health benefits of the Association did not cross the County line. Some of the communities are near the boundary of the County, and when it was found that other members of the

kinship group could not join the organization because they were out of the boundaries, the tendency was not to pay for further membership.

There are meny more incidents similar to those mentioned in the preceding paragraphs which caused distrust of the Anglo by Spanish-American people. Such incidents had a marked influence on the failure of the Health Association.

It cannot be said that there was any one cause for failure of the Taos County Cooperative Health Association. Many contributed. The difference in an individual's habits, his make-up, and his likes and dislikes could sway his opinion and feelings for or against the Health Association. The general tendency of not wanting to pay out money for health insurance while one is feeling well is not entirely a Spanish-American concept but is held by Anglos as well. The difference in value concepts concerning health between Spanish-speaking and English-speaking people is at wide variance. The investigator feels that this was one of the major reasons for failure. However, at another time, through proper educational programs and proper health usage, these cultural differences might have been minimized to the extent that the Health Association would have succeeded. As a preponderance of facts are added to one side or the other of the Cooperative Health Association question,

therein lies the determining factor which would have made a success or failure of it.

CHAPTER VII

CONCLUSIONS, RECOMMENDATIONS, AND IMPLICATIONS FOR FURTHER RESEARCH

In this study an attempt was made to do two things. The first objective was to determine the factors which contributed to the ultimate closing of the Taos County Co-operative Health Association. In the process of finding out the reasons for failure, some factors were uncovered which tended to prolong activity of the health program.

The factors which aided the project led directly into the second objective which is to ascertain more systematically the most desirable sequence of actions that would be necessary to help a minority ethnic group achieve changes in health practices. This, together with the first objective, helped to develop a recommended pattern of procedure which would serve as a guide for establishment and maintenance of future health projects of similar nature in like situations.

The Cooperative Health Association in Taos County, New Mexico furnished the basis for the study. It was a project based on cooperative effort on the part of two widely divergent cultural groups. The Spanish-Americans of the County, on the other hand, influenced by the period of isolation of their forefathers, were far behind

progressive changes in health care. The other group of people consisting of Anglos, were relatively newcomers to the County, were better acquainted with modern concepts of health, and had kept abreast of medical advancement through the years.

I. CONCLUSIONS

During the course of time that was spent studying the Taos County Cooperative Health Association, a number of conclusions was drawn concerning its organization and operation. In Chapter VI data and statements of facts were presented which helptd to answer questions raised by the two objectives. Consequently, it now becomes possible to list the following conclusions:

1. There were different concepts concerning health between the English-speaking and Spanish-speaking people in Taos County which hindered effective use of health facilities. Discussion in the preceding chapters indicates the wide divergence of the concepts of health between the Spanish-speaking people and Anglos. The cultural characteristics of the two groups were widely separated. The health care and education given to their children by Spanish-speaking parents were that handed down to them by their forefathers. Medical care from Anglo physicians was sought only after

they felt that the patient was too sick for folk medicine to cure. At the same time curative medicine was the only type of medical assistance that was accepted. The ideas of preventive medicine were still too far removed from the cultural concepts of the Spanish-speaking people concerning health to be fully accepted.

On the other hand, the Anglo parents were more used to modern medicine and accepted medical care rendered by the physician without question. Besides this, preventive medicine was asked for in some instances by the Anglos before it was suggested by the medical practitioner. Thus the two groups were in conflict and there were not enough members of the second group to insure success of the project.

2. The Cooperative Health Association was based on Anglo concepts of medical care and practice. It is a recognized fact that the health concepts used were based on the results of medical research. Funds that were secured were granted by the Farm Security Administration which was an Anglo-governed agency, and policies set forth by it followed Anglo concepts. This fact further contributed to the failure of the program.

3. The funds granted by an outside agency developed an artificial situation. It is a normal reaction for agencies that grant funds for projects of the kind

represented by the Taos County Cooperative Health Association to expect quick results. Consequently, the Association organizers were working under pressure to secure the desired effects in order to be considered favorably for additional moneys. Reports that were presented, therefore, were Anglo summations of innovations in health practices that were assumed to have taken place, rather than actual changes that had occurred in the Spanish-American people.

4. There was insufficient time spent by the Health Association organizers to educate all people in the County with the new health program. This is a direct outgrowth of the third conclusion. There was not sufficient time for practical explanations to be given for new health practices that were put into effect. As was mentioned under the first conclusion, the concepts of health of the Spanish-Americans in Taos County did not correspond to those concepts held by Anglos. Therefore, changes contemplated in health practices among the Taosenos were attempted too fast.

5. A continual education program was not practiced. After the Health Association was started, the intensive educational program was allowed to relax. It is important to continue an education program involving cultural changes, especially those pertaining to health, in a culture like that represented by the Spanish-American people of Taos

County. The lack of continual health education allowed the people to revert to the concepts of health care practiced by their forefathers.

6. The people of Taos County did not make proper use of the clinics that were established. This conclusion is closely connected with the educational program. Those members who grew accustomed to the clinics made good use of the facilities. On the other hand, those members who were not well acquainted with Anglo concepts of health required more time and education in order to accept changes in health practices.

7. There were inadequate communication facilities. The local weekly newspaper printed a few articles about the health movement. However, the circulation of the paper was limited. Few people subscribed to it outside the village of Taos. The economic conditions of the people narrowed the circulation of any newspaper within the County. Handbills were printed and distributed at times but were not regular in their production. As has been mentioned previously, mass meetings were held in the organization phase of the program which were followed by small discussion groups. Most of the information obtained was by word of mouth.

8. The Association did not have sustained leadership at all times. The Association lacked a strong guiding hand

during one year of its operation. This was between July, 1944, and July, 1945. The administration of an organization of such scope as was involved in the Cooperative Health Association, required a man with considerable ability and diplomacy. During the year in question, four different people attempted to run the affairs of the Association but could not handle the position in an efficient manner. After a year the right man was secured.

9. There was a wide cultural gap between the Spanish-speaking and English-speaking people of Taos County with respect to factors other than health concepts. This cultural gap was not narrowed appreciably. For a time the two groups worked cooperatively toward one common goal, the improvement of health within the County. As long as the Association was in operation, there was one connecting thought through which interaction was possible. Aside from health, however, there were few common interests. There were, on the other hand, prior events which fostered distrust. The few instances cited which caused skepticism on the part of the people of Taos were reflected in their not joining the Health Association in the beginning. The Association was Anglo-imposed and a common reaction was to "wait and see how it works," before full cooperation was give. As soon as the Association ceased operation, the possibility of

interaction was narrowed and, in many cases, stopped altogether.

10. World War II hindered the efficiency of operation of the program. It was difficult to obtain enough nurses to staff the clinics operated by the Health Association. Some who were secured were attracted to the Armed Services after a short time by the promise of travel, adventure, and higher pay. This disrupted the program in that new nurses had to be made acquainted with the operations of the program. At the same time it was necessary for the Taosenos to become accustomed to the newly hired personnel.

During the war years two doctors left the County to enter the Armed Services which caused an additional load to be thrown on the already over-worked medical personnel. The low socio-economic level of the people in the County rendered the securing of additional medical personnel difficult.

The war also caused a disrupting effect in the acquisition of drugs and medical supplies which were necessary for efficient operation of the program. Building materials were also hard to secure, which prevented expansion of the clinical facilities as had been planned previously.

The increase in jobs developed by war industry caused considerable shifts in population, as was mentioned in

Chapter V, as families moved to new locations to be closer to their respective jobs. In addition, higher wages received by the workers raised their total incomes beyond that which made them eligible for membership, according to the established income schedule. Consequently, membership in the Health Association decreased.

11. Membership fees were not adequate to support the Association after it was established. The Health Association was fortunate in securing outside funds to equip and man the clinics. However, it was necessary at all times to have additional funds in order to carry on the business of the organization, as fees collected from the members did not cover the expenses incurred.

12. There was not thorough planning of the fee basis of the Association. This conclusion arises from the preceding one. The fees were not sufficient at first and had to be raised in order to continue the program which, at the same time, caused considerable discontent among the members of the Association.

13. Evaluations of the Health Association were not made at regular intervals as the program progressed. An evaluation was made of the health program one year after it started which brought out the weaknesses of the organization

at that time.[1] This report, however, was more concerned with administrative operations and costs than it was with findings of what the people in the County thought about how it benefited them. Subsequent evaluations were not made.

II. RECOMMENDATIONS

From a discussion of the hypotheses presented in Chapter VI, there emerged many factors which contributed to the ultimate closing of the Taos County Cooperative Health Association. In order to benefit from the causes of failure of that organization, the following recommendations are offered so that another health project of similar nature might have a greater probability of success:

1. It is necessary to secure all the possible information concerning health practices, facilities, and needs in the area before a health program is started. This survey should be made by experts in the fields of public health and social organization who have a cultural background similar to that of the people in the area in which the survey is being made.

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[1]T. Wilson Longmore and Theo L. Vaughan, "Taos County Cooperative Health Association, 1942-43," a report for the Bureau of Agricultural Economics, United States Department of Agriculture (Little Rock, Arkansas, November, 1944), 69 pp. (Mimeographed)

2. Membership in a health organization should be built carefully. The people should be informed what the health program has to offer them and what they are expected to do in return. Members should not be coerced into joining the organization but should come in of their own volition.

3. Leaders secured to help in a health program must be carefully selected. They should have mature judgment and be able to mingle easily with people in the communities. They should be willing to listen and be able to discuss misunderstandings that arise. In addition, the leaders selected should be recognized as such in the communities in which they work.

4. In an area where there are different cultural concepts concerning health, all points of view must be considered. The people initiating changes in health practices must take into consideration what has taken place in the past. The people must be shown why one practice is better than another.

5. Enough time should be taken to explain all aspects of the health program fully. New health practices should be introduced slowly, and they should be accompanied by logical explanation. This will do more to accomplish change than trying to put new health practices into effect by merely

stating that they are better. A firm foundation on which to build must be laid before the enterprise is expanded.

6. The educational program should be continuous. Mass meetings should be held in each community entering a health program. These should be followed by smaller meetings to allow for individual questions and discussion. With each new development in the program another series of informational meetings should be held. The educational part of such a project should never be considered complete.

7. A comprehensive plan and program of procedure should be developed. All workers involved in the program should be informed of planned objectives. A plan, as such, should serve only as a recommended guide. Workers should adhere to a general plan so that similar things are happening in several communities. The plans should be flexible enough, however, to allow for unforseen difficulties that might alter the situation.

8. The recommended plan should be revised as situations demand. Excellent suggestions may be forthcoming from new members of a health organization. All suggestions should be weighed before they are discarded for something better. A health program is for the people included within

a certain area. A voice in the organization of the project should come from them.

9. Available communication media should be utilized to the fullest extent. All types of communication should be used. Each one will supplement the other. Different ways of presenting the same idea will make more lasting impressions. Better interaction between members would tend to speed up changes in health practices.

10. Control of the organization should stay in the communities involved. The governing body and manager of a health association are vital to its existence. The Board of Directors should be elected by the members and they should, in turn, hire a manager who has the necessary qualifications to administer an efficient program.

11. There should be systematic leadership in the health program. This recommendation evolves from the preceding one. Good leadership is needed at all times. If one manager has to resign, another capable person should be secured before the resignation is accepted.

12. Physicians and nurses should be selected with care. The medical personnel selected to work with the health organization should be interested in following its policies and in helping to attain the objectives set forth.

13. Financing the health organization should be given careful consideration. Membership fees should be high enough in the beginning so that increased costs of operation will not require an increase after one amount has been established. Service that is to be given for the fees paid should be well advertised so that disagreements will not arise on this matter. If an outside agency is to grant funds for operation, a written agreement should be made specifying the exact items for which the funds will be expended.

14. An evaluation of the health program should be made at regular intervals. It is necessary to scrutinize the effects of the health program on the people involved at different periods. At one time the project may be accomplishing its purpose while at another time certain aspects are not fulfilled. The feeling of the members must be considered. Such a program will not stay constant and only by careful examination can it be improved.

15. Outside activities in conjunction with a health association are needed. At the time the Health Association was in operation, other community and County activities should have been started. Social relationships that would sponsor additional interaction between the Anglos and Spanish-speaking people were needed at all times. If one

activity failed, the others would help to maintain continual interest. The more interaction that could be promoted the more favorable outcome for a new cooperative health association might be provided.

16. The boundaries of a cooperative health association should not stop on county lines. Boundaries of communities sometimes overlap minor governmental boundaries. People working and living together should all be involved in a health program together. At the same time, better cooperation in establishing a new health association might be secured if whole, rather than parts of a community, are included in an organization of this nature.

III. IMPLICATIONS FOR FURTHER RESEARCH

There have been very few studies of cooperative effort concerning health associations in cross cultural areas. The study of the Taos County Cooperative Health Association reveals the need of more research of similar nature. If such research were to be conducted, its results could then be used to validate the findings of this study and thus strengthen recommendations for development of cooperative health programs in any cross cultural situations. Furthermore, similar research might reveal additional factors in the relative success or failure of such health programs.

However, with reference to the Taos County Cooperative Health Association, the fact that much time has passed and official records are gradually being dispersed suggests that further research concerning this particular program is unlikely to produce additional results commensurate with the effort involved.

BIBLIOGRAPHY

BIBLIOGRAPHY

A. PRIMARY SOURCES

1. Books and Monographs.

Bloom, Lansing B., and Thomas C. Donnelly. New Mexico History and Civics. Albuquerque, New Mexico: The University Press, 1933. 539 pp.

Coan, Charles F. A History of New Mexico. New York: The American Historical Society, 1925. 586 pp.

Fergusson, Erna. New Mexico, A Pagent of Three Peoples. New York: Alfred A. Knopf, 1951. 408 pp.

Garrard, Lewis H. Wah-to-Yah and the Taos Trail. Norman, Oklahoma: University of Oklahoma Press, 1955. 298 pp.

Harper, Allen G., Kalervo Oberg, and Andrew R. Cordova. Man and Resources in the Middle Rio Grande Valley. Albuquerque, New Mexico: University of New Mexico Press, 1943. 156 pp.

Johansen, Sigurd. Rural Social Organizations in a Spanish-American Culture Area. Publications in Social Science Philosophy. Albuquerque, New Mexico: University of New Mexico Press, 1948. 146 pp.

Kluckhohn, Clyde. To the Foot of the Rainbow. New York: The Century Company, 1927. 276 pp.

Loomis, Charles P. Studies of Rural Social Organization in the United States, Latin America and Germany. Ann Arbor, Michigan: Edwards Brothers, Inc., 1945. 392 pp.

Loomis, Charles P., and J. Allan Beegle. Rural Social Systems. New York: Prentice-Hall, Inc., 1950. 873 pp.

Lummis, Charles F. The Land of Poco Tiempo. Reprint. Albuquerque, New Mexico: The University of New Mexico Press, 1952. 236 pp.

Mead, Margaret (ed.). Cultural Patterns and Technical Change. Reprint. UNESCO. New York: The New American Library, 1955. 352 pp.

Miller, Paul A. Community Health Action. East Lansing, Michigan: Michigan State College Press, 1953. 192 pp.

Paul, Benjamin D. (ed.). Health, Culture and Community. New York: Russell Sage Foundation, 1955. 493 pp.

Reid, J. T. It Happened In Taos. Albuquerque, New Mexico: The University of New Mexico Press, 1946. 118 pp.

Sanchez, George I. Forgotten People. Albuquerque, New Mexico: The University of New Mexico Press, 1940. 98 pp.

Sanders, Irwin T. Making Good Communities Better. Lexington, Kentucky: University of Kentucky Press, 1950. 174 pp.

Saunders, Lyle. A Guide to Materials Bearing on Cultural Relations in New Mexico. Albuquerque, New Mexico: The University of New Mexico Press, 1944. 528 pp.

_____. Cultural Difference and Medical Care. New York: Russell Sage Foundation, 1954. 318 pp.

Sheats, Paul H., C. D. Jayne, and R. B. Spence. Adult Education, The Community Approach. New York: The Dryden Press, 1953. 530 pp.

Smith, T. Lynn. Population Analysis. New York: McGraw-Hill Book Company, Inc., 1948. 421 pp.

Thompson, Warren S. Population Problems. New York: McGraw-Hill Book Company, Inc., 1953. 488 pp.

Twitchell, Ralph E. Leading Facts of New Mexican History. 5 vols. Cedar Rapids, Iowa: Torch Press, 1911-1912.

Walter, Paul A. F., Jr. Race and Cultural Relations. New York: McGraw-Hill Book Company, Inc., 1952. 482 pp.

2. Publications of the Government.

Donaldson, Thomas. The Public Domain. House Miscellaneous Document 45, 47th Congress 2nd Session. Washington: Government Printing Office, 1884. 1343 pp.

Ewing, Oscar R. The Nations Health. Washington: Federal Security Agency, 1943. 186 pp.

Federal Security Agency, Public Health Service. Vital Statistics. Vol. 36, Nos. 22 and 23. Washington, D. C.: National Office of Vital Statistics, 1952.

Johnston, Helen L. Rural Health Cooperatives. Joint publication, Farm Credit Administration, Bulletin 60 and Public Health Service, Bulletin 308. Washington: Farm Credit Administration, June, 1950. 93 pp.

Longmore, T. Wilson, and Theo L. Vaughan. "Taos County Cooperative Health Association, 1942-43," Report for the Bureau of Agricultural Economics. Little Rock, Arkansas: United States Department of Agriculture, November, 1944. 69 pp. (Mimeographed)

The President's Commission on the Health Needs of the Nation. Findings and Recommendations. Vol. 1. Washington: Federal Security Agency, 1951. 80 pp.

Soil Conservation Service. "Village Dependence on Migratory Labor in the Upper Rio Grande Area." Albuquerque, New Mexico: United States Department of Agriculture, 1937. 45 pp. (Mimeographed)

_____. "Village Livelihood in the Upper Rio Grande Area." Albuquerque, New Mexico: United States Department of Agriculture, 1937. 31 pp. (Mimeographed)

_____. "Material on the Partido System." Albuquerque, New Mexico: United States Department of Agriculture, 1937. 14 pp. (Mimeographed)

_____. "Notes on Community Owned Land Grants in New Mexico." Albuquerque, New Mexico: United States Department of Agriculture, 1937. 30 pp. (Mimeographed)

_____. "Tewa Basin Study." Albuquerque, New Mexico: United States Department of Agriculture, II, 1939. 209 pp. (Mimeographed)

United States Bureau of Agricultural Economics. "The Experimental Health Program of the United States Department of Agriculture." A study made for the Subcommittee on Wartime Health and Education of the Committee on Education and Labor, United States Senate, pursuant to S. Res. 74 and S. Res. 62, 79th Congress,

2nd Session. Washington: United States Government Printing Office, 1946. 166 pp.

United States Bureau of the Census. Sixteenth Census of the United States: 1940. Population, Vol. II. Washington: Government Printing Office, 1952.

United States Geological Survey. Map, Quadrangle of Taos and Vicinity, New Mexico. Washington: United States Geological Survey, 1936.

United States Weather Bureau. Temperature and Humidity Charts, 1935-1955. Albuquerque, New Mexico: United States Weather Bureau.

3. Periodicals and Published Reports.

Loomis, Charles P. "Wartime Migration from the Rural Spanish-Speaking Villages of New Mexico," Rural Sociology, VII, No. 4 (December, 1942), 384-394.

Loomis, Charles P., and J. T. Reid, "The Taos County Project of New Mexico, An Experiment in Local Cooperation Among Bureaus, Private Agencies and Rural People," Applied Anthropology, Vol 3, No. 3 (June, 1944), 21-23.

Pijoan, Michael. "Food Availability and Social Function," New Mexico Quarterly Review, XII, No. 4 (November, 1942), 1-6

Reid, J. T. "Taos County Project, First Annual Report, July 1, 1940 to June 30, 1941." University of New Mexico Bulletin No. 371. Albuquerque, New Mexico: The University of New Mexico Press, 1941. 27 pp.

_____. "Taos County Project, Second Annual Report, July 1, 1941 to August 31, 1942." University of New Mexico Bulletin No. 381. Albuquerque, New Mexico: The University of New Mexico Press, 1942. 24 pp.

Senter, Donovan. "Witches and Psychiatrists," Psychiatry: Journal of the Biology and Pathology of Interpersonal Relations, Vol. 10, No. 1 (February, 1947), 49-56.

4. Unpublished Materials.

Farmers Home Administration. Miscellaneous correspondence, Membership Lists, and Minutes of the Taos County Cooperative Health Association and Minutes of the Taos County Project. Taos State Bank Building, Taos, New Mexico, 1942-1949. (Typewritten)

Leonard, Olen E. "The Role of the Land Grant in the Social Organization and Social Processes of a Spanish-American Village in New Mexico." Unpublished doctor's dissertation, Louisiana State University and Agricultural and Mechanical College, Baton Rouge, Louisiana, 1943. 154 pp.

Moyers. Robert A. "A History of Education in New Mexico." Unpublished doctor's dissertation, George Peabody College, Nashville, Tennessee, 1941. 819 numbered leaves.

Senter, Donovan. "Villages of the Saints." Unpublished manuscript. University of New Mexico, Albuquerque, New Mexico, 1942. 478 numbered leaves. (Typewritten)

Sower, Christopher. "The Patterns of Community Involvement." Unpublished manuscript, Michigan State University, East Lansing, Michigan, 1954. 328 numbered leaves. (Mimeographed)

State of New Mexico Forest Service. Forest Service Regulations, 1938. State Land Office, State Capitol Building, Santa Fe, New Mexico. (Mimeographed)

State of New Mexico Corporations Commission. Files of proceedings 1942 and 1949. State Capitol Building, Santa Fe, New Mexico. (Mimeographed)

State of New Mexico Department of Public Health, Department of Vital Statistics. Vital Statistics, 1935-1955. Santa Fe, New Mexico. (Typewritten forms).

Walter, Paul A. F., Jr. "A Study of Isolation and Social Change in Three Spanish-Speaking Villages of New Mexico." Unpublished doctor's dissertation, Stanford University, 1938. 373 numbered leaves.

SECONDARY SOURCES

1. Books and Monographs.

Banfield, Edward C. Government Project. Glencoe, Illinois: The Free Press, 1951. 271 pp.

Grant, Blanche C. One Hundred Years Ago in Old Taos. Taos, New Mexico: Taos Publishers, 1925. 31 pp.

_____. Taos Today. Taos, New Mexico: Taos Publishers, 1925. 47 pp.

Gregg, Josiah. Commerce of the Prairies. Reprint. Dallas, Texas: Southwest Press, 1928. 438 pp.

Groves, Ernest R. An Introduction to Sociology. New York: Longmans, Green and Company, 1932. 741 pp.

Gunn, S. M., and P. S. Platt. Voluntary Health Agencies. New York: The Ronald Press, 1945. 364 pp.

Knowles, Malcolm S. Informal Adult Education. New York: Association Press, 1951. 272 pp.

Lee, Alfred McClung (ed.). Principles of Sociology. College Outline Series. New York: Barnes and Noble, Inc., 1953. 356 pp.

Merrill, Francis E., and H. Wentworth Eldredge. Culture and Society. New York: Prentice-Hall, Inc., 1952. 611 pp.

Prince, L. B. Concise History of New Mexico. Cedar Rapids, Iowa: The Torch Press, 1912. 279 pp.

Scholes, France V. Troublous Times in New Mexico, 1659-1670. Historical Society of New Mexico, Publications in History, Vol. XI, Albuquerque, New Mexico: University of New Mexico Press, 1942. 276 pp.

Simmons, Leo W., and Harold G. Wolff. Social Science in Medicine. New York: Russell Sage Foundation, 1954. 254 pp.

Sorokin, P. A. Society, Culture, and Personality: Their Structure and Dynamics. New York: Harper and Brothers, 1947. 742 pp.

Spicer, Edward H. (ed.). Human Problems in Technological Change. New York: Russell Sage Foundation, 1952. 301 pp.

Twitchell, Ralph E. Old Santa Fe. Santa Fe, New Mexico: Santa Fe New Mexican Publishing Corporation, 1925. 488 pp.

Villagra, Gaspar Perez de. History of New Mexico. Alcala, 1610. Translated by Gilberto Espinosa, The Quivira Society, Los Angeles, 1933. Lancaster, Pennsylvania: Lancaster Press, Inc., 1933. 308 pp.

2. Publications of the Government.

Mountin, Joseph W., Evelyn Flock, and Edward E. Minty. Distribution of Health Service in the Structure of State Government. Public Health Service publication No. 184. Washington: United States Government Printing Office, 1954. 360 pp.

3. Periodicals and Published Reports.

Chavez, Fray A. "The Penitentes of New Mexico," New Mexico Historical Review, XXIX (April, 1954), 97-123.

Dunham, Harold H. "New Mexican Land Grants with Special Reference to the Title Papers of the Maxwell Grant," New Mexico Historical Review, XXX (January, 1955), 1-22.

Loomis, Charles P. "Ethnic Cleavages in the Southwest," Sociometry, Vol. VI, No. 1 (February 1943), 7-25.

_____. "Informal Groupings in a Spanish-American Village," Sociometry, Vol. IV, No. 1 (February, 1941), 36-51.

Loomis, Charles P., and Glen Grisham. "The New Mexican Experiment in Village Rehabilitation," Applied Anthropology, Vol. II, No. 3 (June, 1943), 12-37.

Romero, Cecil V. "The Riddle of the Adobe," New Mexico Historical Review, IV (January, 1921), 350-371.

Senter, Donovan. "Acculturation Among New Mexican Villages in Comparison to Adjustment Patterns of Other Spanish-Speaking Americans," Rural Sociology, Vol. 10, No. 1 (March, 1945), 31-47.

Senter, Donovan, and Florence Hawley. "The Grammar School as the Basic Acculturating Influence for Native New Mexicans," Social Forces, Vol. 24, No. 4 (May, 1946), 398-407.

Social Research Service. "Community Organization for Health, Selected References." Department of Sociology and Anthropology. East Lansing, Michigan: Michigan State College Press, 1950. 22 pp.

4. Unpublished Materials.

Wolff, Kurt H. "Loma Culture Change, A Contribution to the Study of Man." Unpublished doctor's dissertation, Ohio State University, 1952. 390 numbered leaves.

APPENDIXES

Appendix A

Questionnaire

QUESTIONNAIRE

A CASE STUDY OF THE TAOS COUNTY,

NEW MEXICO, COOPERATIVE HEALTH ASSOCIATION

Date _____ Interview Number _____

1. Name _____

   Address _____

2. Did you live in Taos County between 1941 and 1949?

   No ____ Yes ____.

3. On the average, how often do you visit a doctor's office? _____

4. Has any member of your family had any sickness in the last five years? Yes ____ No ____. If yes, what were the sicknesses? _____

   _____

5. When there was sickness, what did you do?

   _____

6. Has any member of your family had any injury in the last five years? Yes ____ No ____. If yes, what were the injuries? _____

   _____

7. When there was an injury, what did you do?

   _____

8. In case of sickness or injury, whom do you go to for help? A member of the family ____, a relative ___, a curandero ____, other _____.

9. Do you remember the Taos County Cooperative Health Association? No ____ Yes ____.

10. What is the main thing you remember about the Health Association? _____

_____

_____

11. Were you a member of the Health Association? Yes ____ No ____.

12. If you were a member, what prompted you to join?

_____

_____.

13. If you were a member but dropped out, state your reasons for withdrawing. _____

_____

_____

14. Were you a member of the Health Association at the time it ceased to exist? Yes ____ No ____.

15. Were you connected with the Health Association in any of the following ways? Board member ____, committee member ____, other (please state).

_____

16. How did you first hear about the Health Association? _____

_____

_____

17. Were the benefits of the Health Association explained to you fully before you became a member? Yes ____ No ____.

18. Was there any difficulty in getting to the various clinics connected with the Health Association? No ____ Yes ____. If yes, what was the difficulty?

_____

_____.

19. Did you think that any one community received more health care than another? Yes ____ No ____. If yes, which one received more care? _____

_____

20. When decisions had to be made by the governing board of the Taos County Cooperative Health Association, were you, as a member, satisfied with the decisions? Yes ____ No ____. If no, why were you dissatisfied? _____

_____

_____

_____

21. Did any group in your community dislike the Health Association? Yes ____ No ____. If yes, who were the groups that disliked it?

_____

22. Did a political group try to run the Health Association at any time? Yes ____ No ____.

23. What, in your opinion, were the good things about the Health Association? _____

_____

_____

_____

24. What, in your opinion, were the bad things about the Health Association? _____

_____

_____

_____

25. What, in your opinion, were the main reasons why the Taos County Cooperative Health Association ceased to operate? _____

_____

_____

_____

26 Further Remarks _____

_____

_____

Appendix B

Home Remedies

HOME REMEDIES

The following are twenty of the more common home remedies obtained from people in Taos County:

1. Appendicitis - Mix corn meal in water and drink it before eating. Drink a lot of hot salty cow milk.

2. Bed-wetting - Put a few drops of turpentine in water and drink once or twice per day, especially before retiring.

3. Boils - Apply poultices made from pine tree gum, yellow laundry soap, chicken dung, or hot cow dung.

4. Burns and scalds - Apply writing ink on burned area. Also a mixture of lard, flour, baking soda, and vinegar.

5. Corns - Soak corns in hot water for a few minutes, withdraw, dry and paint with indelible pencil. Yellow laundry soap is also good.

6. Earache - Put a little perfume in the ear. Also, urine of a healthy child.

7. Fainting - Cut an onion in half and place the parts, alternately, under the person's nose. The aroma will revive him. In addition to this, wash the face of the person with cold water.

8. Falling hair - Boil the roots of a gourd plant and wash with it. Wash hair in fresh, warm cow urine.

9. Fever Blister - Sprinkle blister with powder made from orange rinds.

10. Freezing - Rub the affected part with onion. Rub with snow if handy.

11. Headache - Apply vinegar on sides of head and forehead. Pull hair real hard several times. Apply fresh sliced potato on temples.

12. Indigestion - A cooked paste made from flour, water, nutmeg, and cinnamon; eat immediately.

13. Itch - Apply a mixture of sulphur and lard before retiring.

14. Nose Bleeding - Place cigarette paper between upper lip and gum. Burn a live frog, grind the remains and sprinkle around the nose. Burn horse hair and inhale. Carry a small flint rock in the pocket at all times.

15. Sore eyes - Wash with salt water.

16. Sores - Wash well with salt water and then apply dust found inside the bark of sabina (juniper) post.

17. Sorethroat - Gargle with water and baking soda mixed with a little sulphur.

18. Stomach Cramps - Eat the leaves of a native mint plant (Yerba de la negrite). Also, a spoonful (teaspoon) of camphor in a tumbler of water will relieve pain.

19. Sty - Apply mashed fly to affected part.

20. Toothache - If the tooth is decayed burn out the decayed part with hot wire. Hold hot, salty water in the mouth. Chew the root of a plant called cardo-santo.

Appendix C

By-Laws of the Taos County Cooperative Health Association
(Ratified October 10, 1941)

BY-LAWS
of the
TAOS COUNTY COOPERATIVE HEALTH ASSOCIATION

Ratified October 10, 1941

ARTICLE I

Section 1. The name of this association shall be "The Taos County Cooperative Health Association."

ARTICLE II

Section 1. The period of existence of this Association shall be for such time as the services of this Association may be needed by its members, but shall not be termed to be in an active state of existence if the membership shall at any time become less than ten members.

Section 2. The fiscal year of this Association shall begin on the first day of October of each year.

ARTICLE III

Section 1. The principal office and place of business shall be in Taos, Taos County, State of New Mexico, but the Association may maintain offices, places of business and clinics at such other places within the county aforesaid as the Board of Directors may direct.

ARTICLE IV

Membership

Section 1. Any low-income farm family or family of any low-income employee, residing in Taos County, State of New Mexico, or vicinity thereof, may become

a member of this Association by signing the Membership Agreement; and by the payment of $28.00 per family per year for medical and medical administrative expenses; by the payment of $3.50 per family per year, plus 50 cents for each dependent member of the family five years of age or over, for dental and dental administrative expenses; amounting to a minimum payment of $31.50 per family per year, and by making an application for membership in this Association (applicant having been approved by the Board of Directors).

Section 2. Any low-income individual, whose income is derived from farming or employment may become a member of this Association by signing the Membership Agreement; and by the payment of $12.00 per year for medical and medical administrative expenses and by the payment of $2.50 for dental and dental administrative expense, amounting to $14.50 per year per individual.

Section 3. The term "low-income" as used in this Article shall be construed as an annual income of $1200 per year or less.

Section 4. The term "family" as used in this Article shall be defined as a unit consisting of a father, mother, and all unmarried dependent natural or adopted children living at home regardless of their age, also other relatives living with the family and dependent upon the family for food, clothing, and shelter.

Section 5. Only one person in each family shall become a member. It is expected that the active head of each family shall be the one to sign the membership agreement, but the family may, at its discretion, delegate any member thereof, 18 years old or older, to sign the Membership Agreement.

Section 6. This Association shall issue a Membership card to each member who has complied with the requirements herein, in such form as may be provided by the Board of Directors, the same to be numbered and registered as issued, and to exhibit the member's name, and shall be signed by the secretary.

Section 7. Any member who has failed to cooperate in the furtherance or the purposes or objects of this Association, as hereinafter specified in the By-Laws,

or has acted contrary to the best interests of this Association, may be expelled by a majority vote of the members of this Association upon the recommendation of the Board of Directors, or upon the request of the Medical Staff.

Section 8. Any person desiring to withdraw from membership may do so by notifying the Board of Directors to strike his name from the membership agreement. Any member, however, who has incurred any bills for medical or dental service, including hospitalization and drug bills, shall be obligated to remain a member of this Association unless expelled from membership and until the expiration of the fiscal year for which his dues were paid.

Section 9. Members of this Association specifically agree to waive all suits at law for the recovery of damages for so-called malpractice.

ARTICLE V

Officers and Directors

Section 1. The officers of this Association shall be a President, a Vice-President, and a Secretary-Treasurer, who shall be elected from the membership by a majority vote of members present and voting at the regular annual meeting, at which a quorum is present. The officers shall serve for a term of one year or until their successors have been elected and have taken office.

Section 2. Directors. There shall be a Board of Directors which shall consist of the officers designated above and two (or four) other members to be elected from the membership for a term of one year. The Board may consist of both men and women. On the expiration of the directors' term of office, succeeding directors shall be elected annually from the membership of the Association by a majority vote of the members present and voting at the regular annual meeting at which a quorum is present.

Section 3. Vacancies. If any directorship or office becomes vacant for any reason, the remaining directors or a quorum thereof may elect a successor to serve until the next annual meeting when the Association will elect a successor.

Section 4. During the period of organization of this Association and whenever the acceptance of a gift or subsidy requires a reorganization of the Association, the officers and directors shall be appointed by the Taos County Project Staff.

Section 5. Other officers and special boards may be instituted whenever requested by any individual or group offering a subsidy, or whenever considered necessary by the Board of Directors, for the realization of the purposes of this Association.

ARTICLE VI

Duties of Officers

Section 1. The President shall be the executive officer of the Association. He shall preside at all meetings of the Board of Directors and of the meetings of members, sign all membership agreements, notices and/or contracts, make reports to the Board of Directors and perform all executive duties normally expected of such an officer.

Section 2. The Vice-President shall assume the duties of the President in the absence of that officer, or his temporary disability.

Section 3. The Secretary-Treasurer shall prepare and read the minutes of all meetings, receive the membership dues, disburse all monies as directed by the Board of Directors, keep blank membership cards, fill out and countersign all cards issued, keep a proper Membership Ledger showing the name of each member of the Association, the number of his or her Membership Card, date of issuance, surrender, cancellation, forfeiture, or transfer; execute and sign all contracts, notes, paper, and documents as Secretary; furnish a bond in such form and such amount as the Board of Directors may from time to time require; receive and

deposit all funds of the Association, to be paid out only on check as herein provided, and account for all receipts, disbursements and balance on hand; take charge of the funds of the Association as Treasurer, as directed by the Board of Directors; and perform all other usual and customary duties of such an officer.

Section 4. The office of Secretary-Treasurer may, at the discretion of the Board of Directors, be executed by one or two persons.

ARTICLE VII

Duties of Directors

Section 1. The Board of Directors shall have the following powers and duties:

A. To conduct, manage, and control the affairs and business of the Association; to purchase, build, lease, or receive by gift, bequest or device; to mortgage, bond, improve or acquire in any legal manner all real or personal property in the name of the Association deemed necessary or convenient for the prosecution of its business and to make such investments and incur such liabilities as in their judgment shall be for the best interests of the Association.

B. To employ and remove for misconduct or neglect of duty all officers, agents and employees (and may delegate the power of hiring and discharging ordinary employees to other officers) prescribe their duties, fix their compensation and require from them, if advisable, security for faithful service; and to make rules and regulations for the guidance of the officers and management of the affairs of the Association.

C. To reject any membership application and cancel any membership, subject to the conditions of Article IV above.

D. To enter into service agreements with the medical profession and others on behalf of the Association and to determine the amount of annual dues per member and the services rendered therefor.

E. To keep a complete record of all its acts and of the proceedings of its meetings; and to present a full statement of the Annual Audit (the same having been prepared by a competent auditor) at the regular Annual Members' Meeting showing in detail the condition of the financial business affairs of the Association.

F. To install such a system of bookkeeping and auditing that each member may know and be advised from time to time fully concerning the receipts and disbursements of the Association.

G. To cause to be issued appropriate cards of membership.

H. To supervise all officers, agents, and employees and see that their duties are properly performed.

I. To give diligent attention to the promotion of the business and services of the Association.

J. To call special meetings of Delegates or Members when 10 per cent of the members sign a petition requesting such.

ARTICLE VIII

Purposes

Section 1. The Association is formed for the following purposes:

A. To provide medical, surgical, dental and allied services for its members and to extend these services to as many as possible

of the people of Taos County and vicinity who do not have adequate medical care.

B. To cooperate with all public health and welfare agencies in promoting more health services, health education, recreation, transportation of the sick and wounded; custodial care for the tuberculous, isolation of unpreventable diseases, and the preparation of health surveys and plan in Taos County and vicinity.

C. To execute all Taos County Project Health Plans, whenever possible.

ARTICLE IX

Operating Policies

Section 1. Medical and dental services provided to members shall include only emergency medical, surgical or dental conditions, arising or becoming manifest during the term of membership.

Section 2. Services shall not supplant or duplicate those offered by the State or Federal Government in special fields, as veterans' service, crippled children, compensation insurance, etc.

Section 3. Service shall be rendered only by regular licensed doctors of medicine and dentistry.

Section 4. Membership cannot be for less than a year, nor can it begin except on the following dates: October 1, January 1, April 1, and July 1. Whenever a membership begins on January 1, April 1, or July 1, an adjustment charge shall be made prior to October 1 in order to make the membership year identical with the fiscal year of the Association.

Section 5. All membership fees received shall be separated by the Treasurer into three funds: $1.50 of each membership fee shall be credited to the Administrative Fund; $27.00 of each family membership fee and $11.00 of each individual membership fee shall be credited to the Medical Service Fund.

Section 6. The credits to the Medical and Dental Service Funds shall be divided into twelve portions and the twelve portions shall be assigned to the twelve calendar months to which they accrue.

Section 7. In no case shall the Treasurer disburse in any one calendar month, in payment of service bills, more than the service fund portions assigned to that month.

Section 8. The Secretary-Treasurer or Treasurer shall be paid a compensation determined by the Board of Directors, from the Administrative Fund.

ARTICLE X

Revolving Fund

Section 1. The Board of Directors of this Association shall prepare and present an application to selected, charitable individuals, corporations, and other institutions in order to obtain a subsidy as specified in the Health Plan of the Taos County Project Health Committee.

Section 2. Any such funds received as a subsidy shall, subject to conditions imposed by the subsidizing agency, be placed in a "Taos Community Health Revolving Fund" in the custody of a Fiscal Agent to be appointed by the Board of Directors.

Section 3. The "Taos Community Health Revolving Fund" shall be used primarily to purchase from the Association insofar as possible, installment notes that may be accepted from approved applicants for membership in the Association, provided, however, that no applicant will be approved unless he or she pays at least $10.00 in cash with his application and unless his total indebtedness to the Association is not in excess of $25.00.

Section 4. If the available funds in the Revolving Fund are deemed sufficient, the Board of Directors shall proceed with the execution of other aspects of the Taos County Project Health Plan, particularly

the maintenance of curative clinic work on a full-time basis throughout Taos County.

Section 5. The Fiscal Agent shall be bonded for the full amount of the funds in his custody at all times, he shall keep an accurate record of all cash receipts, disbursements, and balances; of all notes receivable purchased and of their collections and/or efforts at collection; he shall not disburse any funds without a voucher for such disbursement approved in writing by the President and the Secretary-Treasurer of the Association; he shall make all reasonable efforts to collect in full the notes in his custody.

ARTICLE XI

Meetings

Section 1. Annual meeting of the membership of the Association shall be held at a time and place determined by the Board of Directors for the purpose of transacting business, hearing reports of the officers, and electing officers. Ten days written notice of the place and time of meeting shall be given to members.

Section 2. Special meetings of the membership for any purpose shall be held at the discretion of the President or upon request of ten per cent of the family memberships.

Section 3. Each family membership shall have one vote, and there shall be no voting by proxy.

Section 4. Regular meetings of the Board of Directors shall be held following the annual meeting and at three month intervals.

Section 5. Special meetings of the Board of Directors may be called by the President or by a majority of the members of the Board of Directors.

Section 6. Thirty-five per cent of the family membership shall constitute a quorum for the transaction of all business. A majority of the Board of Directors shall constitute a quorum.

Section 7. "Robert's Rules of Order" (Revised) shall govern procedure at all meetings.

ARTICLE XII

Section 1. The representation of all governmental, civic, and social public-assistance agencies and groups shall be invited to participate in an advisory capacity, and must be notified of all meetings.

Section 2. Whenever any medical, health, or welfare agency is willing to coordinate its activities with those of the Association, the coordination shall be extended only to personnel, problems and joint procedure, and in all such cases the funds shall be kept separate unless the coordinating agency prefers to make a gift of their funds to the Association.

ARTICLE XIII

Amendments

These By-Laws may be amended at any regular or special meeting of the membership by vote of two-thirds vote of the membership present in compliance with Article XI. Written notices of the proposed change shall be given to each member at least ten days in advance.

Appendix D

Articles of Incorporation of the Taos County Cooperative Health Association

ARTICLES OF INCORPORATION

of the

TAOS COUNTY COOPERATIVE HEALTH ASSOCIATION

STATE OF NEW MEXICO)
) SS.
COUNTY OF TAOS)

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, all citizens of the State of New Mexico, and residents of Taos County, hereby form and incorporate ourselves into a voluntary association under the terms and conditions herein set forth, as follows:

ARTICLE I

The purpose for which this Association is organized is to engage in any activity involving or relating to securing medical services for persons who are members of low-income families and other persons of the households of such families, hereinafter referred to as "low-income families," such services to include medical, surgical, and dental treatment or services and any drugs, nursing, sanitation or hospitalization services incident, necessary, or convenient thereto, or engage in any other business which will promote the health of such low-income families, including the financing of such activities.

ARTICLE II

The name of this association shall be the Taos County Cooperative Health Association.

ARTICLE III

The term of existence of the Association shall be perpetual.

ARTICLE IV

The location and address of the principal office of the Association shall be Taos, Taos County, New Mexico.

The names and addresses of the directors, and the designation of those directors who shall be the officers of the Association, for the first year or until the determination of their successors as provided in by-laws, are as follows:

Name		Address
Blas Chavez	President	Taos, New Mexico
David Fresquez	Vice-President	Penasco, New Mexico
Mrs. J. P. Rael	Secretary	Taos, New Mexico
Dalford Stover		Stong, New Mexico
Otoniel Lopez		Chamisal, New Mexico
James Valentino		Taos, New Mexico
Alax Ortega		Amalia, New Mexico

ARTICLE V

The names and addresses of the incorporators of this Association are:

Name	Post Office Address
Blas Chavez	Taos, New Mexico
David Fresquez	Penasco, New Mexico
Mrs. J. P. Rael	Taos, New Mexico
Dalford Stover	Stong, New Mexico
Otoniel Lopez	Chamisal, New Mexico

James Valentino	Taos, New Mexico
Alex Ortega	Amalia, New Mexico

ARTICLE VI

The names and addresses of the directors who shall manage the affairs of the Association for the first year are:

Name	Post Office Address
Blas Chavez	Taos, New Mexico
Dalford Stover	Stong, New Mexico
Mrs. J. P. Rael	Taos, New Mexico
Otoniel Lopez	Chamisal, New Mexico
James Valentine	Taos, New Mexico
David Fresquez	Penasco, New Mexico

ARTICLE VII

This Association is organized without shares.

ARTICLE VIII

Upon the dissolution of this Association, any surplus in the treasury shall be distributed in conformity with requirements of Section 36, Article II, of Chapter 164 of the Laws of New Mexico (1939), approved March 16, 1939, and any amendments thereto.

	/s/ Blas Chavez
	/s/ Dalford Stover
	/s/ Mrs. J. P. Rael
/s/ David Fresquez	/s/ Otoniel Lopez
/s/ Alex Ortega	/s/ James Valentine

STATE OF NEW MEXICO)
)
COUNTY OF SANTA FE)

On this 24th day of June, 1942, before me, the undersigned Notary Public within and for said county and State, personally appeared Elas Chavez, Dalford Stover, Mrs. J. P. Rael, Otoniel Lopez, James Valentino, David Fresquez, and Alex Ortega, known to me to be the persons described in and who executed the foregoing instrument and each acknowledged to me that he executed the foregoing instrument as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal the day and year last above written.

/s/ Willis Carter
Notary Public

My Commission Expires:

2-16-44

Appendix E

Taos County Health Program

Memorandum of Agreement

TAOS COUNTY HEALTH PROGRAM

Memorandum of Agreement

I. General

Through the cooperative efforts of the Taos County Cooperative Health Association, the Taos County Medical Society, the United Pueblos Agency of the United States Indian Service, the Farm Security Administration of the United States Department of Agriculture and other interested public and private agencies, a plan for health preservation and improvement in the relief of disease has been formulated.

To effect this program the following procedures have been developed:

II. Taos County Cooperative Health Association

This Association has been organized and incorporated to carry out a health program among low-income farm families in Taos County, New Mexico. The Board of Directors and the officers of this Association will have the responsibility for the management and control of the affairs and business of the Association. They will also have the responsibility for the employment of all personnel necessary to the management and operation of the Association, and to make rules and regulations for the guidance of such personnel. They shall also have the power to enter into service agreements with members of the medical professions and others on behalf of the Association.

The membership of the Association will express its interests through regular or special meetings called for such purposes.

III. The Medical Advisory Committee

In order to improve the value and scope of the activities of the Taos County Cooperative Health Association and to assure its membership and its Board of

Directors the best possible advice and counsel, it is proposed that a Medical Advisory Committee be organized. This committee shall be composed of one representative of the United States Public Health Service, a physician appointed by the United States Indian Service, one representative of the Council of New Mexico State Medical Society, a licensed resident physician in the state, a licensed resident dentist in the state, and a physician appointed by the Regional Director to represent the Farm Security Administration. This committee shall advise with the Board of Directors concerning problems related to the best use of existing health facilities and services and also to recommend for approval or disapproval such facilities or medical personnel as may be necessary to carry out an effective program in Taos County. The initial membership of this committee shall be asked to serve in that capacity by Mr. Jesse B. Gilmer, Farm Security Administration Regional Director. As vacancies occur in this committee, they shall be filled by agreement between the Board of Directors of the Association and the Farm Security Administration Regional Director, taking into consideration the recommendations of the remaining members of the Medical Advisory Committee.

IV. Association Medical Director and Staff

Inasmuch as the membership of the Medical Advisory Committee is such that it cannot meet frequently, it is necessary that the medical problems and procedures of the program be handled between such meetings by a medical director. The medical staff, which at the outset consists of those members of the Taos County Medical Society who have agreed to participate with the Association, shall elect the Medical Director. The medical staff will assist and advise with the Board of Directors in securing qualified professional personnel, and no such personnel will be employed by the Association until approved by a majority of the staff. The staff will approve the terms of all professional and hospital contracts entered into by the Association and such contracts will not be changed without the approval of the staff. The doctors of the medical staff shall receive an annual vacation when the number of doctors available for the program makes such procedure feasible. All actions taken on medical procedure by the medical director or the medical staff shall be subject to the

approval of the Medical Advisory Committee. It should be a matter of record that members of the medical staff who were called to the Armed Forces of the United States during the time the Association was in formation or who may later be called shall upon their return to Taos take their places with the program without prejudice.

V. Scope of Services

A. Hospitals

The Taos County Cooperative Health Association will plan to enter into agreements for the service of the Holy Cross Hospital, the Dixon Hospital, and the Thomas P. Martin Hospital. It is recommended that these hospitals be approved by the Medical Advisory Committee before these negotiations are completed and the provision shall be made in the agreements so that:

1. Each hospital shall maintain a resident full-time physician whose medical services shall be made available, if necessary, to members of the Association while they are in the hospital as patients.

2. These hospitals for this purpose and for this plan, shall be regarded as community hospitals and that the physicians participating in the Taos County Health Program be given courtesy privileges in all of them.

3. The resident physicians and the staff physicians shall cooperate with and compliment each other in their hospital activities and shall assist each other as will further the health plan.

4. Association members may have free choice of approved hospitals unless a lack of bed space in a given hospital makes it necessary to use the facilities of another hospital, or in a case where, on the physician's advice and in his judgment, it is determined that the patient be referred to another designated hospital.

5. Permission for surgery must be obtained in writing from a legally responsible individual with respect to minors and adults. In extreme emergencies a physician may assume responsibility in case he cannot communicate immediately with parents and/or guardians or legally responsible individuals, but only after he has consulted with another participating physician.

6. Surgical cases will be handled by arrangements worked out between the staff physicians and the resident physicians working in close harmony with each other.

7. Ambulance service will be supplied by the Association's field nursing units and through the use of the ambulance service of the Thomas P. Martin Hospital.

8. The Standards of Practice and a Formulary, as issued and as approved by the Medical Advisory Committee, shall be used in applicable hospital procedures.

9. Full medical histories, physicians' findings, laboratory investigations, roentgenographic interpretations and progress reports must be maintained in accordance with the hospital procedures.

10. Cases requiring special consultation or highly specialized surgical or medical care may be referred elsewhere, or the services rendered locally, as the case may be, under a special fee system. In such cases, prior approval for such action must be obtained from the Business Manager of the Association to see if funds are available and from the field medical officer or resident physician.

11. Staff physicians will be appointed on a fiscal year basis (July to July) and may rotate from month to month between the approved hospitals as may be determined by the Board of Directors after conference with the Medical Advisory Committee.

12. The Thomas P. Martin Hospital shall supplement laboratory procedures requiring special techniques which, in turn, may be used by any of the approved hospitals under this plan.

13. Members of the participating families who are admitted to the approved hospitals will be cared for at the rate of four dollars ($4.00) per day.

14. Any approved hospital not having a surgical staff shall refer its patients in need of surgery to the hospitals maintaining arrangements for such services. In emergency cases the surgeon may perform such services in any of the hospitals.

B. Field Medical Care

1. The personnel for the field medical care will consist of a Field Medical Officer (a full-time physician) and two community nurses (full-time).

2. Three clinics will be established, one at Questa, one at Penasco, and one at Taos. Possibly one will be established at Costilla.

3. The Field Medical Officer will hold clinics systematically throughout the week in each of these communities and shall maintain an organized schedule. He will examine and treat any person at these clinics who is a member of the Association or who is eligible to receive specific services under agreement between the Association and specific agencies.

4. The staff physicians shall render limited assistance to the Field Medical Officer when necessary in conducting the clinic in Taos City. This shall be arranged for by agreements between the staff physicians and the Field Medical Officer.

5. The New Mexico State Department of Health will institute a public health program at

each of these clinics which will be open to members of the Association and other persons.

6. The Field Medical Officer will coordinate his clinical activities with those of the dental officer.

7. The Field Medical Officer shall, whenever possible, answer emergency calls, depending upon circumstances and his judgment. Patients not belonging to the Association and who require first aid treatment may receive such initial treatment by the Field Medical Officer, after which they shall be referred to their own physician.

8. Patients who are members of the Association may be referred by the Field Medical Officer to the hospital of the patient's choice except as provided in Section A-4 above, and provision shall be made, if necessary, either by the Association or the Thomas P. Martin Hospital for transporting the patient to the hospital.

9. The Field Nurses employed by the Association shall be under the direct supervision of the Field Medical Officer and a community nursing program shall be maintained on a regular schedule for each community covered by each of the clinics. Every effort shall be made to coordinate the Public Health Nursing program of the State Department of Health and the community nursing program of the Association in such a way as to effect maximum service to the people of Taos County as well as the members of the Association.

C. Dental Services

Dental services will be provided as funds allow and as the program develops as follows:

1. For all ages, the extraction of teeth and the limited treatment of the oral mucous

membranes to the end that oral hazards to health be improved.

2. For children, the provision of protective dental services (amalgam alloy and synthetic porcelain fillings, reduction of silver nitrate, prophylaxis and extractions) and health education. That the dental services may be more closely tied with the war effort, special emphasis should be placed on the provision of protective dentistry for youth (both sexes) of the pre-draft age.

3. After the first two steps as outlined above are accomplished, provision will be made for the replacement of lost teeth, preferably on an individual family basis.

In the northwestern part of the Taos County particularly in the towns and vicinity of Palmilla and Tres Piedras, the transportation problem will make it necessary that participating families go to the dentist in Antonito, Colorado. Payments for dental services in this area will be on a fee-for-service basis for adults and a per diem rate for children in accordance with the attached schedule. This schedule will be agreed upon by Dr. Meyer and the Board of Directors of the Taos County Cooperative Health Association. It is planned that adults may go to Dr. Meyer's office for their necessary extractions and that children will be transported in groups to his office. By close planning between the Association representative and Dr. Meyer, subsequent steps will be taken to make the plan function as smoothly and efficiently as possible.

In other sections of Taos County, in particular near Questa, Penasco, Costilla and Taos City, dental services will be furnished by a full-time dentist employed by the Association. He will work in the dental clinics of the health centers of these four communities and this work will be accomplished as follows:

(1) since it is possible to coordinate the dental health activities of the Association with the dental program of the State Department of Health so that the dental consultant now serving the Maternal and Child Health Program may be loaned to the Association for one year, it is possible for the Association to secure the full-time services of a dentist. It is also possible for the Association to secure dental equipment which the State Department of Health is intending to purchase for the Proctor Clinic in Taos City. If this is done, the provision should be made that the people in and near Taos City receive dental services by use of this equipment, although the same equipment may be used in the other communities if necessary. When in the dental clinics of the other community health centers, the full-time dentist will coordinate his work with that of the Field Medical Officer. An average of one week per month will be spent by the dentist in the Taos City health center. (2) In order to provide for emergency and limited protective dental care in Taos City when the full-time dentist is not available, the present plan now agreed upon with Dr. Muller will be continued.

D. Drugs

1. Ordinary drugs and dressings used in hospitalized cases shall be furnished by the hospital and shall be included in the per diem cost of hospitalization.

2. Ordinary drugs and dressings shall be furnished patients who are treated in the field clinic by the Association and shall be procured through an arrangement with wholesale druggists in the area on a basis which will insure securing drugs at a reasonable cost. Drugs to be used shall conform, where possible, to the USP and NF standards.

3. A provision shall be made in setting up the final budget to provide for unusual drugs and biologicals through the establishment of a special fund for this purpose.

Care shall be exercised in the use of this fund to insure the patients against inadequate treatment, but at the same time provision shall be made to use the more inexpensive and common drugs in the treatment of cases. Counsel and advice on this problem will be secured by the Board of Directors from the Medical Advisory Committee.

4. In emergency situations and by arrangements with the Field Medical Officer, prescriptions may be filled at the local drug stores which have entered into a contract with the Taos County Cooperative Health Association. Such an arrangement shall be made to use the more inexpensive and common drugs in the treatment of cases. Counsel and advice on this problem will be secured by the Board of Directors from the Medical Advisory Committee.

E. Ophthalmology

Eight hundred dollars ($800) will be allocated for the procurement of refractive lenses and frames from an accredited firm by means of an arrangement with this firm on a wholesale basis. At the present time, the Proctor Clinic is conducting a program for the betterment of vision in Taos City. It is planned that their program will be coordinated with that of the Taos County Health Program by collaborative arrangements and by their possible supervision of the eye services. The purpose, in general, should endeavor to correct refractive errors of school children belonging to the Taos County Cooperative Health Association and to adults receiving corrections for presbyopia.

F. Nutritional Services

Research in nutritional deficiencies and their solution, based on acculturation and concentration factors present in available foods, is being carried out and should continue along educational lines. This should be done especially through schools, their gardens, their

poultry and stock, their milk supplies, and by methods of preparing vitamin concentrates. The details of this phase of the nutritional program will be submitted at the earliest opportunity. Arrangements will also be made to coordinate the nutritional services of the State Department of Health with the health program of the Taos County Cooperative Health Association.

It is recognized by all groups concerned with the development of the Taos County Health Program that present facilities in Taos County are limited because of the failure to replace Drs. Pond and Hale, who have left the region. It is believed that the addition of a resident physician at the Holy Cross Hospital will partially remedy this situation, but it is also recognized that there is need in the county for the services of additional physicians and dentists. Steps should be taken by the community leaders to do something to meet this problem. It is suggested that they use the Medical Advisory Committee in planning for additional facilities and personnel and that any plans which are made recognize the necessity for integrating the Association and the public health program in such a way as to use the additional facilities and services to the fullest extent. The attached budgets for health services have been prepared in conference with representatives of the medical profession in Taos County and are subject to necessary adjustments to provide for changes as they may occur. It is quite possible that provision will have to be made to increase the funds for field medical supplies and transportation with consequent reduction in other items. Such changes in the use of funds shall be made only after the Board of Directors has secured the advice of the Medical Advisory Committee and the approval of the Regional Director of the Farm Security Administration.

The Taos County Health Program as outlined above, shall be approved by the Board of Directors of the Taos County Cooperative Health Association, the Taos County Medical Society, the United Pueblos Agency of the United States Indian Service, the

New Mexico State Department of Health, and the Farm Security Administration of the United States Department of Agriculture, prior to the inception of the program.

Memorandum Approved
August 16, 1942

Appendix F

Memoranda of Understanding

Hospital, Medical Director, and Dentist

MEMORANDUM OF UNDERSTANDING

(Hospitals)

This Understanding, entered into this _____ day of _____, 19 ____, by and between the Taos County Cooperative Health Association, incorporated, at Taos, New Mexico, hereinafter referred to as the Hospitals, sets forth the terms and conditions under which each such Hospital will: (1) furnish the necessary hospitalization to members of the Association and their families, and (2) accept payment for such services rendered.

The Hospitals agree to furnish the necessary hospitalization, including bed, food, general nursing services (private nurses not included), necessary anesthetics, ordinary drugs, operating and delivery room services, X-ray and other laboratory services, and all other general hospital services, at a flat rate of $4.00 a day per patient, provided that said patient is a member of the said Association or in the family of such a member, as evidenced by an identification card signed by the Business Manager-Treasurer of the Association.

The Hospitals further agree that no patient will be admitted to the said Hospitals, under the terms of this Understanding, unless referred to by the Medical Director of the Association, a Staff Physician employed by the Association or, in case of emergency, by a Hospital Resident Physician.

The Association agrees to set aside $14.00 of each family's average participation fee paid into the Association for hospitalization, for a period of one year, to be referred to as the Hospitalization Fund. One-twelfth of said Hospitalization Fund will be available to pay bills for hospitalizations provided to members of the Association and their families during each month.

The Hospitals agree that if the amount of hospitalization furnished by them under this Understanding exceeds the monthly allotment under this Understanding, they will accept their proportionate shares of said amount, computed on a basis of bills rendered by all Hospitals participating under this Understanding.

It is mutually understood that if the amount of hospitalization furnished by the Hospital to members of the Association is less than the one-twelfth amount set aside in this Understanding, the unexpended balance for each such month will be accumulated in a hospital surplus fund by the Association until the end of the twelve-months period, when the accumulated hospital surplus will be applied proportionately to unpaid hospital accounts accumulated from months having hospitalization bills in excess of each monthly allotment, until all such accounts are paid in full, or until the accumulated hospital surplus fund is exhausted.

It is further understood by the Hospitals that if the amount of hospitalization furnished hereunder during the terms of this Understanding is greater than the sum of money set aside for hospitalization, the said participating Hospitals will accept their proportionate share as payment in full.

The Association assumes responsibility for not to exceed fifteen (15) days hospitalization for any one illness cared for under this Understanding. All bills for hospitalization provided hereunder shall be submitted to the Business Manager-Treasurer of the Association not later than the tenth (10th) day of the month immediately following the service, and the Association agrees to pay all such bills within a reasonable length of time after they are received.

It is understood that in the case of patients hospitalized under this Understanding, when they are given bed care which requires a duration of less than one day, such duration should be considered as a full day, in computing the charge for such services.

It is understood and agreed that this Understanding shall be enforced subject to the terms and

conditions aforesaid, for a period of one year beginning September 1, 1944, and ending August 31, 1945; that it may be renewed upon mutual consent of all parties concerned; and that it may be cancelled after thirty days (30) notice, if either party is required to discontinue its operation.

TAOS COUNTY COOPERATIVE HEALTH ASSOCIATION, INCORPORATED.

By _____
President

By _____
Secretary

_____
(Hospital)

_____
(Address)

By _____
(Title)

MEMORANDUM OF UNDERSTANDING

(Medical Director)

This Understanding, entered into this _____ day of _____, 1944, by and between the undersigned, _____, MD, hereinafter referred to as the Medical Director, and the Taos County Cooperative Health Association, incorporated, hereinafter referred to as the Association, sets forth the terms and conditions of obtaining the services of _____, MD, as full-time Medical Director and full-time Clinic Physician, and the amount of remuneration to be paid by the Association for his services to cover a period of one year, beginning September 1, 1944.

The Association has established a number of outpatient clinics within Taos County, and may develop additional ones. The Medical Director agrees to cause to be held clinics on stated days per week in each of these establishments. The schedules of these clinics, and the time that they will be open to the public, will be arranged by the Medical Director and the Business Manager-Treasurer of the Association. The Association will make available during the hours of each clinic the services of a Registered Nurse, to assist the Medical Director. The clinics referred to above will be open to all members of the Association without charge for any of the professional services rendered.

The Medical Director will have general supervisory responsibility for the nursing activities of the Association and will consult with the Supervising Public Health Nurse in developing and carrying out the public health and general nursing program of the Association, in cooperation with the Business Manager-Treasurer. Likewise, he will serve to provide general direction of the medical care program and supervision of the Staff Physicians and Dentists and their Aides.

It is understood that non-members of the Association may come to the clinics established outside of

the vicinity of the city of Taos for clinical examination and referral. The Association will establish such fees for this service as will be agreeable to the Medical Director and other Physicians practicing within Taos County. The amount of such non-member practice will be limited to the amount of service the Medical Director can give within scheduled hours for the clinics. All charges for such services will be paid directly to the Association.

As remuneration for his services, the Medical Director shall be paid at the rate of Fifty-seven Hundred Dollars ($5700.00) per year, divided into monthly or semi-monthly payments, as may be agreed upon between the Business Manager-Treasurer of the Association and the Medical Director. In addition to the above, the Medical Director shall be paid mileage in lieu of automobile expenses at the rate of Five Cents (5¢) per mile, or not to exceed Seventy-five Dollars ($75.00) per month mileage during any month.

In addition to his services in the clinics outlined above, the Medical Director's duties will extend to requested consultative services and treatment of emergency character. It is understood that the full time of the Medical Director will be devoted to the affairs of the Association.

This Understanding may be cancelled by either party after Thirty (30) days notice is given in writing to the other.

Signed this _____ day of _____, 1944, at Taos, Taos County.

_____, MD
Medical Director

TAOS COUNTY COOPERATIVE HEALTH ASSOCIATION, INCORPORATED

By _____
President

By _____
Secretary

MEMORANDUM OF UNDERSTANDING

(Dentist)

This Understanding, entered into this _____ day of _____, 1944, by and between the undersigned, _____, DDS, hereinafter referred to as the Dentist, and the Taos County Cooperative Health Association, Incorporated, hereinafter referred to as the Association, sets forth the terms and conditions of the services of the Dentist as full-time Dentist, and the amount of remuneration to be paid by the Association for his services to cover the period from _____, 1944, to _____, 1945.

The Association has established a number of Out-Patient Clinics within Taos County, and may establish additional ones. The Dentist agrees to hold clinics at each of these Clinics at such time and hours as may be agreed upon between himself and the Business Manager-Treasurer of the Association. The Association will make available during the hours of each clinic the services of an assistant, whose employment and training would be under the supervision of the Dentist. The Association will also make available the necessary equipment, such as chairs, drills, motors, etc., ordinarily provided for dentists conducting similar practice. The services furnished by the Dentist shall include the necessary dentistry for the preservation and restoration of teeth and other dental treatment as may be thought necessary by the Dentist, but particular emphasis will be placed upon dental care for children, including preventive dentistry. The Clinics referred to above will be open to all members of the Association without charge for any of the professional services rendered by the Dentist.

It is understood that non-members of the Association may come to the Clinics established outside of the vicinity of Taos, for emergency dental treatment, such as necessary extractions and relief of pain. The

Association will establish such fees for this service as will be agreeable to the Dentist and other dentists practicing within Taos County. The amount of such non-member service will be limited to such treatment as would be given by any ethical dentist in order to alleviate pain and suffering by the individual. All charges for such services will be paid directly to the Association.

As remuneration for his services, the Dentist shall be paid at the rate of Forty-five Hundred Dollars ($4500.00) per year, divided into monthly or semi-monthly payments, as may be agreed upon between the Business Manager-Treasurer of the Association and the Dentist. As full-time Dentist, the undersigned becomes a member of the professional staff of the Association and will consult with the Medical Director and other members of the staff, assisting in the organization of the staff as a member thereof.

In addition to the above, the undersigned Dentist shall be paid mileage in lieu of automobile expenses at the rate of Five Cents (5¢) per mile, or not to exceed Fifty Dollars ($50.00) per month mileage, during any one month.

It is understood that the Dentist or Dentists who are or may later become members of the Professional Staff as stated in this Understanding, will direct the professional policies concerning the services rendered under the said Understanding, with due and proper respect for the rulings, laws and regulations of the State Dental Society.

This Understanding may be cancelled by either party after Thirty (30) days notice is given in writing to the other.

Signed this _____ day of _____, 1944, at Taos, Taos County.

_____, DDS
Dentist

TAOS COUNTY COOPERATIVE HEALTH ASSOCIATION, INCORPORATED.

By _____
President

By _____
Secretary

Appendix G

Administrative Regulations

Taos County Cooperative Health Association

ADMINISTRATIVE REGULATIONS

Taos County Cooperative Health Association

March 1, 1943

A. Services

1. Hospitalization is available, at the patient's choice, in the Holy Cross Hospital in Taos, in the Embudo Presbyterian Hospital at Embudo and in the Thomas P. Martin Hospital at the Indian Pueblo. In case one hospital is filled, or in case one hospital is nearer than the other, the Association doctors or nurses may influence the choice. As far as possible, all cases requiring surgery should be sent to the Holy Cross Hospital. In obstetrical cases, the hospital favored by the patient should be determined as early as possible, and the complete obstetrical history (on State Department of Health form) should be sent to the hospital before patient's admission.

2. Eye Service is at present limited to referred cases accepted by the Proctor Eye Clinic at Taos, except on emergency, which should be referred by telephone to Dr. Albert W. Egenhofer, Coronado Building, Santa Fe, and Dr. Egenhofer's orders should thereafter be followed. A list of all other eye referrals, giving head of family, address, patient's name, sex and age, and probable diagnosis, should be submitted to the supervising nurse by the clinic nurses prior to the third Wednesday of each month. On the third Wednesday, a list of referrals will be accepted by the Proctor Eye Clinic for its examinations to be held on the fourth Wednesday. This list will be transmitted to the Association nurses both by telephone and by letter. The clinic nurses will send out cards to the accepted patients in their district as

soon as possible, notifying them of the clinic day and the arrangements provided for their transportation. Children unable to read should not be referred for refraction.

3. Medical Service is under the direction of the Association Medical Director, and no medical treatments shall be rendered in the health centers except under his supervision or by his authorization.

4. Dental Service is under the direction of the Association clinic dentist, and no referral can be made to the Association referral dentist except through the clinic dentist.

5. Special Surgery is available where certain kinds of difficult surgery are required. In such cases the Association doctors have authority to call in Dr. P. L. Travers, Coronado Building, Santa Fe, a Fellow of the American College of Surgeons, or Dr. L. L. Hamilton, Santa Fe.

6. Special Urology. In such cases, the Association doctors have authority to call Dr. V. L. Barchtold, Santa Fe.

7. Orthopedic Service is available to children with crippled limbs, hare lip, cleft palate, etc., on referral by Association doctors to the County Director, State Department of Public Welfare, Taos, on blank forms available from that Department. Clinic nurses should maintain a supply of these forms so that no delay in reporting shall follow the discovery of crippled children. In cases where the patient is less than three months old and the doctor decides that treatment should begin at once, a statement to this effect should be made on the referral form.

8. Communicable Disease Service is occasionally available through the Department of Public Health, and clinic nurses should refer to the

county nurse all discovered cases. Cases of active tuberculosis willing to enter the State Tuberculosis Hospital and able to pay a portion of the cost of such treatment should be referred by the Association doctors through the county office of the Department of Public Welfare.

9. Ambulance Service is available free to all Association patients who are to be hospitalized, unless they have their own transportation facilities readily accessible. Clinic nurses having ambulances are responsible for returning patients from the hospital to their own district. In such cases, however, the supervising nurse or the treasurer-manager should be consulted by telephone to determine whether he or the medical officer can supply such transportation and thus save the nurse such a trip. Ambulance service shall never be refused to any patients, whether Association members or not, if such service be necessary to save the patient's life or limb or prevent excessive suffering.

10. Standing Orders will consist of those suggested in the "Manual of Public Health Nursing" wherever applicable until such time as the Association Medical Advisory Committee specifies a Formulary and Standards of Practice.

11. Membership is necessary for the continuance of the Association. Therefore, non-members who are low-income rural residents should be urged to join the Association. As a matter of general policy, non-members should not be rendered morbidity service at the clinics except in emergencies or where the Medical Director believes that public responsibility requires it.

12. Division of Clinic Responsibility. In all medical matters the orders of the Medical Officer take precedence, and in all dental matters the orders of the clinic dentist take precedence. In the clinics, during the absence of an Association doctor, the clinic nurse in

charge has full authority over medical service in the clinic and the proper disposition of medical patients, always with the understanding that an Association doctor will be consulted by telephone for instructions.

13. Protection of Clinic Nurse's Privacy. The nurse's quarters adjoining Association clinics shall be respected as the private home of the clinic nurse in charge, and not open to visits by staff members except on the express invitation of the nurse. Furthermore, the clinic nurse is not required to furnish meals to visiting staff members unless she voluntarily makes a financial and rationing arrangement to do so. Staff members who may make such arrangements are asked to be generous and tolerant of the special food problems which Association nurses encounter at Questa and Penasco.

14. Authority of the Business Manager. The business manager has no authority in professional, medical, dental or nursing matters and his wishes in these matters should be ignored. If, however, especially expensive arrangements of treatment are advisable, he should be consulted in regard to the financial limits which would allow or prevent such treatments.

15. Nurses

a. Duties and Responsibilities

The nurses are to be employed by the Board of Directors of the Association, and on their authority the Business Manager of the Association will issue checks for their salary and travel.

The nurses shall be responsible for keeping the health centers or clinics in proper order and shall keep an inventory of supplies, drugs and equipment at the clinics. She shall work under the professional guidance of the clinic physician and shall

work in close cooperation with the New Mexico Public Health Department representative in Taos County, to whom she shall look for technical help.

She shall be responsible for the car or motor vehicle which will be assigned to the clinic. The nurse shall assist the physician on clinic days and may perform such duties as he may think necessary. The administration of any preventive or therapeutic measures by the nurse shall be at the direction of the clinic physician. The nurse shall conduct a Public Health Program both in the clinic and the community in which she works and shall make necessary home visits in that connection.

b. Objectives

1. Objectives of the nursing program shall include care to ambulatory cases in the clinics and demonstration of nursing care to bed-patients in the home. She will not be expected to give continued bedside care to such cases.

2. The clinic nurse shall carry on a well-organized Public Health Nursing Program in cooperation with the district health unit including maternal hygeine, infant and pre-school hygeine, school-age hygeine, adult hygeine and for the control of communicable diseases (including immunization against diphtheria, smallpox, typhoid fever, and whooping cough) and tuberculosis, syphilis and gonorrhea control. The nurse shall give particular attention to improving the nutrition of the community.

B. Property and Expenses

1. Fees shall be charged as follows and an official numbered receipt shall always be issued to the payer, provided that all medical services shall be rendered by the Medical Director or a staff physician:

Morbidity service to non-members: $1.50 per clinic visit, plus nominal charge for cost of drugs dispensed and dressings applied.

Examinations (including pre-natal) for non-members: $2.00 to $5.00 at the discretion of the doctor.

Physical examination of members for certificates: $1.00 to $3.00 at discretion of doctor.

Venereal disease treatment for non-members: a fee to be determined by the doctor, based on ability to pay and an amount which will not discourage the desire for treatment.

Ambulance service for non-members: $5.00 per trip.

2. Transmittal of Collections will be made to the treasurer-manager either by exchange of cash for a signed receipt or by postal money order at such times as the nurse shall decide, but not less often than once a month. Each such transmittal shall be accompanied by the official numbered posting tickets.

3. Reimbursement for petty cash disbursement made by clinic staff members for proper Association expenses will be paid by the treasurer-manager upon the presentation of receipts sufficiently itemized to vouch for such disbursements and to identify an Association expense. It is preferable but not mandatory to use for such receipts the Association form for Petty Cash Disbursements.

4. Sales Tax shall not be paid on any purchases for the Association because it is exempt from such tax.

5. Consigned Goods received by clinic staff members shall be examined for damage before the freight bill is receipted. In case damage is

discovered, the freight man should be asked to make a written and signed acknowledgment on the freight bill before the delivery ticket is receipted.

6. Inventories of Association property shall be kept by all clinic staff members having some in their custody. These shall be reconciled monthly with the inventory record of the treasurer-manager. Association property shall not be used for non-Association purposes without the authority of the treasurer-manager.

7. Repairs and Maintenance of Association property are the duties of the staff members having such property in their custody, and they are authorized to incur expenses for repairs for all normal repairs after consultation with the maintenance supervisor or the treasurer-manager.

8. Surgical Instruments should be boiled only in distilled water, which can be obtained for this purpose from "Model Cleaners" in Laos.

9. Pressure sterilizers should never be used for cooking purposes, nor covered or near or contaminated, but because the cover gaskets will not remain effective after exposure to food acids.

10. Medical Expenses may be incurred against the Association credit by clinic staff members, provided that sales tickets or other satisfactory records of the expense incurred are signed and acknowledged by such staff members; and provided that such expenses are ordinary, regular, usual and reasonable. Expenses of the clinics, such as heat and light, janitor service, clinic laundry, drinking water, butane, repairs for medical equipment and furniture, and ambulance gas and oil are considered ordinary. Mid-exploitation expense is at present considered 50% Association expense and 50% personal expense of the nurse who is resident at the clinic concerned.

11. Telephone Tolls should be recorded by the [illegible] officers in charge of the telephones affected. Tolls for non-association long-distance calls and telegrams should be transmitted to the [illegible]-manager. Staff members in charge of association telephones will be responsible for the tolls on all non-association calls made on such telephones.

12. Leaves of Absence for staff members will be granted with pay, up to a total of 20 working-days per year, determined on a cumulative basis. For example, three months service permit a cumulative leave of 6½ working days.

Appendix H

Membership Regulations

Taos County Cooperative Health Association

MEMBERSHIP REGULATIONS

March 1, 1943

1. Clinical Medical Service. Each member and family can obtain medical service by visiting the Association clinic in his part of the County and presenting his membership card. The attached schedule shows the time when doctors and nurses will be at the clinics. In case a member does not present his membership card, he will be charged for the services given to him. If a member loses his card, there will be a charge of 25¢ to replace it. Members should not ask the doctor or nurse to go to their home except in emergency, when the patient cannot be moved to the clinic or hospital without danger. The Association gives medical care only through its clinics and participating hospitals. Therefore members cannot receive free medical care by visiting doctors' offices.

2. Clinical Dental Care. Each member and family are entitled to limited dental care by visiting an Association clinic on a day when the Clinic Dentist is there and presenting his membership card. The attached schedule shows the time when the dentist will be at the clinics. No member can receive dentist care without his membership card. The Association gives dental care only through its clinics and, by special arrangement, with certain dentists at their offices. Therefore members must visit an Association clinic to obtain dental service. The Association does not furnish dentures.

3. Hospitalization. Each member and family are entitled to 15 days free hospitalization for each patient, when such hospitalization is authorized by an Association doctor or nurse. The attached list shows the hospitals where members can be taken. Whenever possible, the patient may choose the hospital to which he prefers to go.

4. Drugs. Each member and family are entitled to medicines only when they are prescribed by an Associ-

ation doctor. The Association cannot supply medicines in any other way to its members. The attached list shows the druggists in Taos who will fill prescriptions for members when such prescriptions are signed by an Association doctor. The member may choose whichever druggist he prefers.

5. Eye Service. Each member and family are entitled to eye examinations, treatments and glasses only when they are accepted on referral by the Proctor Eye Clinic. One eye clinic is held each month on the fourth Wednesday, and all referrals must be arranged by the third Wednesday. No member will be given service at the Eye Clinic unless he has an appointment or unless his condition is an emergency. Members who fail to keep their appointment at the Eye Clinic will thereby forfeit their right to eye service. Members who fail to return for glasses after they have been prescribed will be charged $7.50 and their membership will be discontinued if the charge is not paid within a reasonable time.

6. Ambulance Service. Members residing in the northern and southern parts of the County can obtain ambulance service from Questa or Penasco to the hospital, when authorized by an Association doctor or nurse, and when they have no other means of transportation. In every case where a member requires ambulance service he should go to the clinic if he can possibly do so, and he should not call the ambulance to his home unless the patient cannot be moved without first aid by a doctor or nurse.

7. Expectant Mothers. Women members who are expecting a baby should come to an Association clinic soon after the third month for special assistance and advice so that the Association will have an opportunity to make certain that no harm will come to the mother and child. Association doctors and nurses cannot assist at births in a member's home and members are asked to plan to send the mother to a hospital.

8. Minor Ailments. Members are requested to come to an Association clinic for treatment of all minor ailments and not to wait until they are seriously ill. In this way the Association can protect the health of members more easily and cheaply.

9. Chronic Ailments. Chronic cases which require frequent treatment over a long period of time cannot be treated by the Association. Tuberculosis and diabetes are examples of diseases which Association doctors are not authorized to treat except to relieve undue suffering or save the life of the patient.

10. Physical Examinations. Members who require health certificates may obtain physical examinations from Association doctors only upon the payment of an examination fee.

11. Abuses of Service. Members who abuse the Association personnel and services may be expelled from membership after a hearing of the case by the Association Board of Directors. Examples of abuses are the making of repeated calls on the doctors and nurses when medical care is not needed, requesting the doctors and nurses to make unnecessary home calls, taking up the valuable time of doctors and nurses with arguments and delays of treatments, and forgetting to keep appointments.

12. Responsibility of the Association. These membership regulations are in no way to be considered a legal contract, but an arrangement of the services available to members, and the agreement entered into by the Association on behalf of its members with doctors, hospitals, dentists, nurses and druggists. Therefore, neither the Association nor the Association doctors are liable in any way for any cause arising out of the administration of the Association health program, because the Association's responsibility extends only to the negotiation of such agreements and does not guarantee any medical or dental service.

Appendix I

By-Laws of Taos County Cooperative Health Association
(Amended July 9, 1943)

BY-LAWS

of

TAOS COUNTY COOPERATIVE HEALTH ASSOCIATION
(As Amended July 9, 1943)

ARTICLE I

Name and Location

Section 1. The name of this association is Taos County Cooperative Health Association.

Section 2. The principal office of this Association shall be located at Taos, County of Taos, State of New Mexico.

ARTICLE II

Fiscal Year

Section 1. The fiscal year of this Association shall begin on the first day of September of each year.

ARTICLE III

Seal

Section 1. The seal of this Association shall have inscribed thereon its name, the year of its organization, and the words "New Mexico," and shall be in the exclusive custody of the secretary.

ARTICLE IV

Section 1. Qualifications for Membership. The holders of the membership certificates of this Association shall be its members. The incorporators of the

Association shall be deemed members thereof immediately upon completion of the organization of this Association. This Association shall admit as members, persons who reside in the territory serviced by this Association and who are approved for membership by the Board of Directors of the Association.

Section 2. Application. Any eligible person may apply for membership on an application form prescribed by the Board of Directors, which shall set forth the applicant's name and the age and sex of each of the applicant's dependents. Such application shall provide that the applicant is familiar with the Articles of Incorporation and the By-Laws and that he subscribes to the same and all agreements made pursuant thereto, and will abide by them. Immediately upon the issuance of a membership certificate the treasurer-manager shall enter the name of the new member upon the books of this Association.

Section 3. Assessments. Each member shall pay annual assessments to be levied by the Board of Directors to cover the cost of services to be rendered each member and his family. The assessments shall be computed by the Board of Directors on the basis of the net annual income of the member and his family. Only members of this Association engaged in agricultural pursuits are elegible to receive the benefit of funds in the form of grants from the Farm Security Administration.

Section 4. Records of Members. A record of the members, their full names and addresses, ages and occupations at the time of admission in the Association shall be kept by the treasurer-manager. Each member shall notify the treasurer-manager immediately of any change in his address.

Section 5. Termination of Membership. (a) If a member moves from the territory served by the Association, or fails to pay any assessments within thirty (30) days after they become due, his membership may be

terminated by a majority vote of the entire Board of Directors. Any person desiring to withdraw from membership may do so by surrendering to the treasurer his membership certificate, which shall thereupon be cancelled, and his name shall be stricken from the membership rolls of this Association. In the event that a withdrawing member loses his membership, his name shall be stricken from the membership rolls notwithstanding his failure to surrender his certificate. No refund of any fees except as may be authorized by the Board of Directors shall be made to any person who voluntarily withdraws from the membership for any reason.

(b) In the event of the death or adjudication as an incompetent of any member of this Association, the deceased or incompetent member's family may continue to receive the medical care to which the deceased or incompetent member and his family would have been entitled for the remainder of the period for which the deceased or incompetent member shall have paid assessments or other fees for medical care. However, the Board of Directors may, upon application by such person as the Board of Directors shall recognize as the heir, executor, administrator or guardian of the deceased or incompetent member, refund to such person any monies which the deceased or incompetent member may have paid to the Association on assessments levied and which are unused as of the date of such application. Unless such refund is made, the Board of Directors may transfer the deceased or incompetent member's membership certificate to the surviving spouse of the deceased member, or if there is no such spouse, to such person as the Board of Directors shall recognize as the head of the deceased or incompetent member's family. In the event the Board of Directors (a) makes the refund referred to herein, it shall be the duty of the Board of Directors immediately upon making the refund or within sixty days after the expiration of the period for which the deceased or incompetent member shall have paid assessments or other fees for medical care, to cancel the deceased or incompetent member's membership certificate.

(c) Any member who fails to comply with the provisions of the Articles of Incorporation and ByLaws of

this Association and such other rules and regulations as may be adopted by the Board of Directors for the operations of the Association or who fails to cooperate in the purposes and objects of this Association or who acts contrary to the best interests of this Association may be expelled from the Association by the members upon recommendation by the Board of Directors, provided that such member is given written notice by the Board of Directors of the charges and an opportunity to appear in his own defense before the next regular or special meeting of the Association following the directors' meeting at which time such recommendation shall have been made, and provided that such recommendations are approved by a majority vote of the members present at such meeting. Thereupon his membership certificate becomes null and void.

(d) Except as provided for in paragraphs (a), (b), and (c) of this section, any person whose membership is terminated for reason, except voluntary withdrawal, shall be entitled to a refund of any monies which he has paid to the Association on assessments levied and which are unused as of the date of the termination of his membership.

Section 6. Transfer of Membership. No certificate of membership shall be assignable or transferable otherwise than as herein specifically provided: and every certificate issued shall bear on its face the words, "NOT TRANSFERABLE except in accordance with the provisions of Section 5, Article IV, of the By-Laws of this Association."

Section 7. Discipline of Membership. Any member who acts contrary to the purposes and objects of the Association in accepting medical and dental care, to the extent of incurring expenses and liabilities payable by the Association, and who fails or refuses to follow the advice and instructions of the Physicians, Dentists, and Nurses engaged by the Association to the end that the expenses and liabilities incurred have served no useful purpose in providing medical or dental care to such member, may be fined by the Board of Directors for the amount of money so wasted from the funds of the Association, provided that such member is given

written notice by the Board of Directors of the charges and an opportunity to appear in his own defense before the next regular meeting of the Board of Directors following such written notice, and provided that the charges are sustained by a majority vote of the directors present at such meeting. Thereupon the fine determined by the Board of Directors shall be charged against such member by the Treasurer-Manager for payment before the expiration of sixty days from the date of its determination by the Board of Directors, and no application for membership submitted by such member for renewal of membership shall be acknowledged until such fine is paid.

ARTICLE V

Section 1. Regular Membership Meetings. The control of this Association shall be vested in the membership in meeting assembled. Regular membership meetings of this Association shall be held annually on the second Friday in July of each year, or the day following if the designated day is a legal holiday, and at such time and place as may be determined by the Board of Directors and specified in the call to meeting. Such meeting shall be known as the annual meeting. Notice of each annual meeting shall be given by the secretary of this Association by mailing or delivering written notice to each member of record at his address as it appears upon the records of the Association at least five (5) days prior to the date of such meeting. Such notice shall state the time and place of the meeting.

Section 2. Special Membership Meetings. Special meetings of the members may be called at any time by action of the Board of Directors, and such meetings must be called whenever a petition for such meetings is signed by at least ten per cent (10%) of the members and presented to the secretary or to the Board of Directors.

Notice of such meeting, containing a statement of the purposes thereof, shall be given by the secretary of this Association by mailing or delivering

written notice thereof to each member of record at his address as it appears upon the records of the Association at least five (5) days prior to the date of such meeting. Such notice shall state the time and place of the meeting, and the business to come before it. No business shall be transacted at any special meeting other than that specified in the notice of the meeting.

Section 3. Quorum. A majority or fifty (50) of the members of this Association, whichever shall be less, shall constitute a quorum for the transaction of business, and no business shall be transacted unless such a quorum is present when a vote is taken. If, however, such quorum shall not be present at any regular or special meeting, a majority of the members present shall have power to adjourn the meeting from time to time without notice other than announcement at the meeting until a quorum shall be present. At such adjourned meeting at which a quorum shall be present, any business may be transacted which may have been transacted at the meeting as originally called.

Section 4. Order of Business. All meetings of the Association shall be governed by Robert's "Rules of Order" (revised). The order of business at all membership meetings shall include as far as applicable:

1. Roll call.
2. Proof of due notice and determination of quorum.
3. Reading and disposal of unapproved minutes.
4. Nominations for vacancies on the Board of Directors.
5. Report of Board of Directors by President or Vice President.
6. Report of Secretary.
7. Report of Treasurer-Manager.
8. Reports of Committees.
9. Unfinished Business.

10. New Business.

11. Elections.

12. Adjournment.

Section 5. Voting Rights. Each member shall have one vote and only one vote on all occasions, and there shall be no voting by proxy or by mail. Election of Directors shall be by ballot. Voting on all other matters shall be by show of hands, unless the majority of members present at the meeting shall decide to vote by ballot.

ARTICLE VI

Directors

Section 1. Functions of the Board of Directors. The business of this Association shall be directed by a board of seven (7) directors, all of whom shall be members of the Association. Its functions shall include the (a) selection of, and delegation of authority to, management; (b) determination of policies for guidance of management; (c) control of expenditures by authorizing budgets; (d) keeping of members fully informed on the business of the Association; (c) causing audits to be made at least once each year or oftener, and reports thereof to be made directly to the Board; (f) studying the requirements of the members and promoting good membership relations; and (g) prescribing the forms of contracts between the members and the Association.

Section 2. Election and Term of the Directors. The Directors named in the Articles of Incorporation shall manage and direct the affairs of this Association until the first annual meeting of this Association. At the first annual meeting of the members of this Association, they shall elect seven (7) directors, two (2) for a term of three years, two (2) for a term two years, and three (3) for a term of one year. At the expiration of the term of office, the members at their annual meeting shall fill all vacancies due to expiration of the term of office for a period of three (3) years. In case of death, resignation, or removal from office, the annual meeting shall elect from among

its members a director to fill the unexpired term.

Section 3. Election of officers. Within ten (10) days after each annual meeting of the members, the Board of Directors shall elect by ballot from among their own number, a president, a vice-president, and a secretary. The term of office of each officer shall be for one year or until his successor is elected and qualified. In addition to the officers provided for herein, the Board of Directors may contract for the services of a treasurer-manager and may fix his compensation and other terms and conditions of employment. The treasurer-manager shall not be a member of the Board. The Board may appoint and remove such other officers, attorneys and agents as it may deem necessary to conduct the business of the Association. Such appointees need not be members of the Association and shall not be members of the Board of Directors nor members of their families.

Section 4. Meetings of the Board of Directors. Regular meetings of the Board of Directors shall be held at such time and place and at such regular intervals as may be prescribed by resolution adopted from time to time by the Board of Directors. Special meetings of the Board may be called by the president, or by the vice-president if the president is unable or neglects or refuses to call a meeting when requested by any other member of the Board. Should both the president and vice-president be unable or neglect or refuse to call a meeting of the Board, any two members of the Board may call such meeting. Notice of all regular and special meetings of the Board shall be given to each director by the secretary of the Association by mailing or delivering a written notice to him at his last known post-office address at least three (3) days prior to the date fixed for such meeting, setting forth the time, place, and purpose of the meeting. Four (4) directors shall constitute a quorum for a meeting of the Board. At any meeting at which every member of the Board shall be present, although held without notice, any business may be transacted which might have been transacted if notice of such meeting had been duly given.

Section 8. Removal of Directors and Officers. Any Director or officer may be removed from office in the following manner: Any member may bring charges against any Director or officer by filing them in writing with the secretary of the Association, together with a petition signed by ten per cent (10%) of the members, requesting the removal of the Director or officer in question. Such removal shall be voted upon at the next regular or special meeting of the members and shall be effective if approved by a vote of a mamority of the members present at such meeting. The Director or officer against whom such charges have been brought shall be informed in writing of such charges five (5) days prior to the meeting and shall have the opportunity of being heard in person or by counsel and to present witnesses at such meetings; and the person or persons bringing such charges against him shall have the same opportunity. If the removal of a Director is approved, such action shall also vacate any other office held by the removed Director in the Association. A vacancy in the Board thus created shall immediately be filled by a vote of a majority of the members present and voting at such meeting. A vacancy in any office thus created shall be filled by the Directors from among their number so constituted after the vacancy in such Board has been filled.

Section 9. Compensation of Directors and Officers. The directors and officers of this Association may be paid reasonable sums, as determined by the Board of Directors, for the actual time spent on the business of the Association and for any expense incurred thereby.

ARTICLE VII

Officers

Section 1. Duties of the President. The president shall preside at all meetings of the members and of the Board of Directors; he shall execute membership certificates, notes, bonds, mortgages, contracts, and all other instruments on behalf of the Association; he shall be ex-officio a member of all standing committees; and he shall have such powers and perform

such other duties as may be properly required of him by the Board of Directors.

Section 2. Duties of the Vice President. The vice-president shall, in the absence or disability of the president, or in the event of his death, resignation, or removal from office, perform the duties and exercise the powers of the president, and shall have such other powers and perform such other duties as the Board of Directors shall prescribe.

Section 3. Duties of the Secretary. The secretary shall attend all meetings of the Board of Directors, and committees of the Board of Directors, and all meetings of the members, and shall record all votes and the minutes of all proceedings in the book or books to be kept for that purpose, and shall perform all duties for all standing committees when required; he shall receive and transmit to the Board of Directors all applications for membership into the Association, and shall provide for the proper membership records; he shall conduct such correspondence as may be delegated to him by the Board of Directors; he shall have general charge and supervision of the narrative records, documents and papers of the Association, except financial and accounting records; he shall make full reports on all meetings and business pertaining to his office to the members; he shall deliver to his successor all records and other property that he may have in his custody; and he shall have such other duties as may be prescribed by the Board of Directors.

Section 4. Duties of the Treasurer-Manager. The duties of the treasurer-manager shall be: (a) to have charge of the direct management of the Association's business in accordance with the instructions of the Board of Directors and under the supervision of the Board; (b) to engage and discharge the employees of the Association subordinate to him in accordance with the authority given by the Board of Directors; (c) to cause accurate books to be kept of the business of the Association and submit the same, together with all files, records, inventories, and other information pertaining thereto, for inspection at any time by the Board of Directors or by auditors engaged by the Board;

(d) to give aid, advice and recommendations to the Board in the preparation of budgets, and to furnish to the Board once a month a statement in writing of the condition of the Association's business, and submit a report on the management at the regular meeting of members; (e) to assist the Board in formulating policies and to attend to such other duties and offices as the Board of Directors may require.

Section 5. Absence of Officers. In case of the absence or inability of any officer or officers of the Association to act, or any person herein authorized to act in his place, the Board of Directors may, from time to time, delegate, for the time being, the powers or duties, or any of them, of such officer to any other officer or to any directors.

Section 6. Bonds. The treasurer-manager, and other officers or employees, having the custody of funds or goods of the Association, shall each give or execute a fidelity bond in favor of the Association, in such sum and with such surety or sureties as shall be satisfactory to the Board of Directors.

ARTICLES VIII

Medical Care

Section 1. Eligibility for Medical Care. Subject to the provisions of Section 3 of Article VIII of these By-Laws, each member and his family shall be entitled to receive medical care and other benefits provided by this Association. The word "family" as used in these By-Laws shall include all persons residing with the member and all persons substantially dependent upon the member for support. Members of this Association and their respective families shall be eligible for medical care only after applying therefore on the form prescribed by the Board of Directors. An eligibility card shall be issued to each applicant whose application is approved by the Board of Directors; or by a representative or agent authorized by the Board of Directors to approve such applications. Each eligibility card shall be signed by the person issuing same.

Section 2. Eligibility Cards. Each eligibility card shall be countersigned by the member to whom it is issued and shall be in such form as may be prescribed by the Board of Directors, provided that it shall set forth, among other things, the name of the member and of each member of his family who is eligible for medical care, the period for which such member and his family are eligible to receive medical care, and shall bear on its face the following statement or statement(s) substantially similar thereto:

a. "This eligibility card is issued subject to the provisions contained in the Articles of Incorporation and By-Laws of this Association and to the rules and regulations adopted by the Board of Directors of this Association."

b. "This eligibility card may not be transferred or assigned or otherwise disposed of."

Section 3. Medical Care not Guaranteed. (a) This Association does not guarantee that any physician, surgeon, dentist, or druggist with whom it may enter into agreement to render services to its members and their respective families will perform such services, and its only obligation in the event of a breach of such agreement by any physician, surgeon, dentist, or druggist shall be to use its best efforts to obtain the needed services from another source.

(b) This Association shall not be liable for any act of ommission or commission on the part of any physician, surgeon, dentist, or druggist with whom it may enter into agreement to render services to its members or their respective families.

ARTICLE IX

Surplus Funds

In the event this Association shall have any surplus funds remaining at the end of the fiscal year after paying all its obligations, such funds shall be

ARTICLE X

Dissolution

In the event of the dissolution of this Association, any unused money shall be used to satisfy the obligations of the Association. Any remaining unused portions of assessments or other fees paid in by the members for the fiscal year during which such dissolution may be made shall be refunded to such members. Any remaining additional unused monies, to the total amount of any grants received by the Association from the Farm Security Administration, shall be paid to the United States of America.

ARTICLE XI

Amendment

Section 1. These By-Laws may be amended or repealed by a vote of a majority of the members present and voting at any regular meeting of the Association, or at any special meeting called for that purpose.

Date Due

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