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**A STUDY OF THE FEASIBILITY OF CREATING A UNIFIED
PUBLIC HEALTH DEPARTMENT IN WEBER COUNTY, UTAH**

by

Laurence J. Burton

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Political Science

UTAH STATE AGRICULTURAL COLLEGE
Logan, Utah

1956

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Finally, I should like to express genuine gratitude to my parents, Laurence S. and Marguerite R. Burton, whose excellent example and guidance have prompted me to achieve this objective; and affectionate appreciation is extended to my wife, Janice Shupe Burton, for her understanding patience.

Laurence J. Burton

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INTRODUCTION

Origin and Nature of the Problem

The purpose of this study will be to explore the feasibility of consolidating present public health services within Weber County, Utah into a unified, consolidated health department and if such consolidated health department seems desirable to offer an analysis of certain proposals for unification.

Public health is a social-political activity by which society attempts to increase longevity and the enjoyment of life.

The provision of basic public health services for all Americans is in reality a national problem, but the purposes of this thesis may best be accomplished by restricting the area of research primarily to Weber County, Utah with the exception of a brief overview which will generalize the growth and development of full time local health units over the nation.

There has been a movement about for three decades to consolidate the functions and operations of the county and city health departments within Weber County. The feasibility of such a merger in Weber County will be reviewed in the light of current political and fiscal data.

This study may be of some small assistance to those who have for many years been engaged in studying and presenting proposals for a unification and broadening of public health services within this area.

Method of Procedure

The methods now employed in treating the problems of public health in Weber County were analyzed. Observations and research were reported as to their effectiveness and areas of possible improvement were explored.

The subject of a nation's or even a community's health is of such a broad nature that the de-limiting of the subject was necessary to exclude such related health works as mosquito abatement, sewage treatment plants, and garbage disposal except as these related projects overlapped in areas which are generally recognized as normal public health department functions.

The comprehensive study entitled Local Health Units for the Nation, written by Haven Emerson, M. D. and published by the Commonwealth Fund in 1945 listed the six basic functions of a local health department as follows:

1. Vital statistics, or the recording, tabulations, interpretation, and publications of the essential facts of births, deaths and reportable diseases;
2. Control of communicable diseases, including tuberculosis, the venereal diseases, malaria, and hookworm disease;
3. Environmental sanitation, including supervision of milk and milk products, food processing and public eating places, and maintenance of sanitary conditions of employment;
4. Public health laboratory services;
5. Hygiene of maternity, infancy, and childhood, including supervision of the health of the school child;
6. Health education of the general public so far as not covered by the functions of the departments of education.

Because of the dearth of published literature which is applicable to the health situation in this particular area, it was necessary to gather the bulk of the data used by interviewing authorities and administrative officials currently concerned with this problem.

Review of Literature

There has been wide publication of the need for local, full-time consolidated

health units in book, periodical, and pamphlet form by several national associations, foundations, organizations and by private individuals, some of which will be cited, quoted, and referred to in this thesis, primarily as background data.

These sources will also be used as comparative guides for the immediate problem to be considered, namely, consolidation of existing public health units into a full-time, county-wide health unit for Weber County, Utah.

There have been a few brief reports issued on this subject such as the mimeographed pamphlet prepared by the Ogden Chapter of the University Women's Club and the report to County Commissioners on present and proposed public health administration in Weber County, 1952, by the committee headed by Dr. Orson Whitney Young. But there have been no primary sources or compilations of the problems relative to the consolidation under examination nor are these cursory and general pamphlets mentioned above, current.

One notable work, not yet published, has been authored by Dr. Joseph R. Morrell, retired medical practitioner of Ogden and is entitled, Health, Wealth, and Vicissitudes. This work traces primarily the public health efforts of the people of Utah through the theocracy of the State of Deseret and later the efforts of certain of the State Health officers and local, voluntary, and part-time health workers and administrators. The problems of the pioneers in this field in Utah are related therein and the work as an informative narrative of the history of Public Health in the State of Utah.

The most comprehensive and applicable publication related to this thesis problem is the Preliminary Report on Public Health Services in Utah published

last year, 1955, by the sub-committee on Public Health of the Local Government Survey Commission established by the Utah Legislature. This work will be cited where applicable to the problem under examination in Weber County.

CHAPTER I
GENERAL HISTORY OF THE PROBLEM OF LOCAL,
FULL-TIME, CONSOLIDATED HEALTH UNITS

History of Local Health Units Nationally

New York, Chicago, Philadelphia, Boston, San Francisco, Baltimore, and some other cities have a long history of local health service through medically trained, full-time officers. Such service on a county-wide basis, however, is of relatively recent origin and according to Dr. Allen W. Freeman in his study of rural health organizations in the United States,¹ no county in the United States had a full-time health officer prior to the year 1908.

In that year, the health officer of Jefferson County, Kentucky in which the city of Louisville is situated, found it necessary to devote his full time to his work and was allowed a budget sufficient to enable him to hire a staff of sanitary inspectors.

Freeman further reports that in the year 1911 the city of Greensboro, Guilford County, North Carolina, consolidated its health department with that of the county, placed the health officer on full-time duty and established a county-wide public health service.²

Yakima, Washington in the same year following a typhoid epidemic employed a city health officer and made arrangements with the county to have him appointed as county health officer also.³

Each of these three county health departments was established in a county containing a populous city and in each instance the needs of the

1. Allen W. Freeman, M. D., Southern Medical Journal 27:6, June 1934 p. 518.

2. Ibid.

3. Ibid.

urban community probably played a determining factor in the establishment of the health unit on a county-wide basis.

Freeman's studies revealed that it was not until 1912 that the first county-wide, consolidated, full-time health unit was organized in an area uninfluenced by the proximity of a large urban center.

This area was Robeson County, South Carolina with a total population of 52,500 and without any incorporated sub-division in the county having a population exceeding 2,500 persons.

Robeson County appointed a trained physician as county health officer and required that he devote all of his time to that office. Thus, the Robeson County health officer should perhaps be counted as the first full-time, rural health officer in the United States.⁴

The case in question, namely Weber County, more nearly parallels the incidents in Jefferson County, Guilford County, and Yakima County, previously mentioned as Weber contains a county population of 96,600 people while more than 60,000 of these reside in the confines of Ogden City.

The most recent nation-wide study on the subject of full-time health officers and health units which met minimum standards was published in 1945.⁵ This study revealed that at that time only two-thirds of the people of the nation were living under the protective umbrella of full-time local health protection.

The same study estimated that forty million Americans were then excluded from this seemingly essential protection by "horse and buggy

4. Allen W. Freeman, M. D., Southern Medical Journal, 27:6 June 1934 p. 518.

5. Haven Emerson, M. D., Local Health Units For The Nation, Commonwealth Fund, New York, 1945.

political boundaries or by the economic stringencies of the area in which they live."⁶

Five years after publication of the Emerson report, the Public Health Service of the Federal Security Agency was estimating that there were still thirty-five to forty million Americans⁷ living without the rudimentary services of minimum public health services, indicating that little progress had been made since the publication of the Emerson report.

We can find little evidence to support the assumption that this figure has been substantially reduced in the five year period since the Federal Security Agency made its estimate.

Dr. Joseph R. Morrell, who has been a tireless advocate of more and better public health services not only in Weber County but elsewhere, reported to the author as follows:

Citizens and community leaders cannot begin to estimate the amount of poor health resulting in their communities that probably springs from inadequate public health services such as milk and meat inspection and sanitation inspections.

According to Dr. Morrell and other authorities in the field,⁸ it is the goal of health administrators to provide every segment of our population with complete health protection and coverage. According to them, we can afford nothing less than competent and complete local health services.

Dr. George A. Spendlove, former Director of Public Health,⁹ Utah State Department of Health, stated in an interview with this writer, that the key to improved public health services lies in the ability and the

6. Haven Emerson, M. D., Local Health Units For The Nation, Commonwealth Fund, New York, 1945.

7. _____, Public Health Service Fact Sheet, No. 1, Federal Security Agency, Washington 25, D. C., June 1950.

8. Haven Emerson M. D., Local Health Units For The Nation, Commonwealth Fund, New York, 1945, p. 332-333.

9. Dr. Spendlove resigned this position in June of 1955. Up until May 1st of 1956, a successor had not been named to this position.

willingness of the counties within the State, or combinations of smaller counties, to tax, administer, and in general relieve the State and Federal agencies of all except necessary governmental interest in the matter.

It is the policy of the Utah State Health Department to eliminate overlapping and excessive state costs in this area of public service and to encourage the creation of local, consolidated health units.

Dr. Spendlove, in an interview, reported the following to the writer:

It might seem that this is shifting health costs to counties, but in a short time it would actually result in savings to taxpayers. Better and more efficient services can be rendered on the local level than can be offered from a State or Federal level. I am opposed to Federal subsidization for local health problems. This is primarily a local responsibility resting with local governmental units.

Dr. Spendlove further pointed out to the writer that all Federal funds come with specifications as to how they are to be used. If a State or local governmental unit accepts Federal funds it also accepts Federal controls and directives pertaining to the expenditure of those funds.

To meet the health problem in Utah Dr. Spendlove proposed that the State levy a five mill tax which would be collected by the State and transferred to the local health units for their operations.

Dr. Spendlove when questioned as to what would happen if local counties did not want to accept the State tax money for health purposes or did not desire to accept the responsibility for public health, proposed that the State Health Department should use portions of this money to provide at least minimum standard health facilities for that area.

While such a proposal might eventually be the answer to public health problems in Utah, the fact is that no such plan has been adopted or is a likelihood in the near future. This does not therefore solve the problem current in all but a few counties of Utah or more particularly, the problem now in existence in Weber County.

Public Health Primarily a Local Governmental Function

One of the significant aspects of the Spendlove interview was his stated position that public health was primarily a problem for local county units.

This position is born out by practice and attitudes elsewhere as indicated in the Emerson study of 1945, previously referred to, which indicates that with few exceptions, those states which have adequate minimum health services are operating on a local basis.¹⁰

The position that these services should be provided by local governmental units is sustained by resolutions adopted years ago by two of the most influential bodies interested in public health, the American Medical Association and the American Public Health Association. The American Medical Association resolution was also approved by the Utah Medical Society.

Suffice it to note that the American Medical Association urged in 1942:

. . . that at the earliest possible date complete coverage of the nations area and population by local, county, district, or regional full-time modern health services be achieved.¹¹

The American Public Health Association in the same year declared that the emergency needs of a nation at war and the continuing necessities of a nation at peace can be achieved only when:

. . . all communities have accepted the responsibility of applying the science and art of preventative medicine as a permanent function of local, civil, government . . .¹²

It seems therefore, to be a reasonable assumption that the provision of the basic services related to public health should be provided on the local level. These "grass roots" public health services are vital to the well-being of the nation.

10. Haven Emerson, M. D., Local Health Units For The Nation, Commonwealth Fund, New York, 1945, p. 13.

11. For Full Text see Appendix F.

12. For Full Text see Appendix G.

The immortal English statesman, Disraeli, is credited with saying, "The health of the people is really the foundation upon which all their happiness and all their powers as a state depend."¹³

It is difficult to imagine that any nation which is ravaged by disease, suffering from the maladies of improper sanitation, and whose people are not afforded even fundamental health services, could ever reasonably aspire, so long as such conditions remain, to be either a "happy" nation or a state that is utilizing its "powers" to the maximum.

Of course, the United States ranks high among world powers for its industrial, military, and political might. If Disraeli's thesis be correct, then that fact is a favorable reflection upon the sturdiness of the foundation upon which such powers are predicated, namely, the health of our people.

If it can be correctly assumed that inhabitants of the United States are generally among the world's healthiest people, this assumption should not lead us into the obviously illogical conclusion that our present mode of administering public health is the ultimate that we may hope to achieve.

From a political point of view it can be taken for granted that National and State governments are authorized by law to protect and promote the general health of the people of the nation but the provision of the half-dozen primary services seems to be an important and accepted governmental function of the local units.

There are thirty-five to forty million Americans who live in areas where sub-standard public health services are offered.¹⁴

Public health officials have for decades been striving to provide basic health protection for such areas to make the health of all more secure.

13. _____, All Their Powers, Health Information, 420 Lexington Avenue, New York, New York, 1951, p. 2.

14. _____, Public Health Service Fact Sheet, No. 1, Federal Security Agency, Washington 25, D. C., June 1950, p. 2.

Summary

The growth and development of full-time consolidated local health units has occurred since 1908. While there were no such public health units operating prior to that year, by 1945 there were nearly 13,000 such full-time consolidated units operating.

It is the goal of public health administrators and authorities to provide every segment of our population with complete public health protection and coverage.

In view of the work now being done by many thousands of local governmental units and the stated positions of authorities, it may be considered that the provision of the six basic public health services is the responsibility of governmental units on the local level.

CHAPTER II
FUNCTIONS, ORGANIZATION, AND BUDGET OF STATE
DEPARTMENT OF HEALTH IN WEBER COUNTY FOR 1955

The Functions

Serving under the direction of the State Department of Health at the present time in Weber County are a district nursing supervisor, fourteen staff nurses and three full-time secretaries.

The district nursing supervisor, Miss La Verna Peterson supervises for the State and in cooperation with the city and county governments and the city and county school districts, the school health program.

The general school health program can be sub-divided into four classifications which are:

- a. physical examinations for school children,
- b. vision tests for school children,
- c. immunization for school children, which program includes immunization for smallpox, dyptheria, typhoid, typhus, and and tetanus,
- d. the teacher referral service which is the diagnostic and medication in certain instances of school children referred to this department by the school teachers.

The execution of the general school health program in the county necessitates the maintaining of clinical records as a function of this department.

Generally, the physical examination, vision test, and immunization records are maintained by the schools but the teacher referral records are kept by the staff under the direction of the district nursing supervisor.

In addition this department supervises the records and clinical work for approximately two-hundred rheumatic fever patients, two-hundred crippled children, as well as the clinical records for a sizable number of school children whose chest X-rays indicate a positive condition for tuberculosis.

These individual clinical records range in size from brief three or four page reports to records in excess of twenty pages.

The State district nursing supervisor also participates in much community coordination and planning as a member of the local polio board, the local cerebral palsy parent group, the local heart association, and the local tuberculosis association.

The State Department of Health also furnishes the irregular services of a Sanitary Inspector whose district includes Weber, Morgan, Summit Counties, and who is subject to other assignments in other areas of the State as may be made by the State Coordinator of the Sanitation Division.

The Administrative Organization

The Governor of the State of Utah appoints a seven member State Board of Health. The appointees are subject to approval by the Utah State Senate and they serve alternate terms.

The State Board of Health appoints a full-time, medically and professionally trained State Health Director who in turn appoints certain State Health Coordinators who each direct separate staffs and generally have separate functions.

The State Health Coordinators include at the present time a State Coordinator for Epidemiology, a State Coordinator for Health Education and Vital Statistics, a State Coordinator for Sanitation, and a State Coordinator for Maternal and Child Health, and a State Coordinator for Dental Health.

Working under the State Coordinator for Maternal and Child Health is the State Director of Nursing. The State Director of Nursing has various Supervisors of Nursing Districts working under her general supervision and direction.

Weber and Morgan Counties comprise district number one and as previously mentioned the present District Nursing Supervisor is Miss La Verna Peterson, who in turn supervises the work of fourteen staff nurses and three full-time secretaries functioning in the capacities previously described in this district.

It appears that at the present time the district director must function under or at least cooperate with too many separate agencies to make for sound administration.

In general, supervision from the State level is furnished to the district for the school health services program by the State Director of Nursing, yet on matters pertaining to several hundred crippled children, child rheumatic fever patients, and child tubercular cases the district director deals with the State Coordinator for Maternal and Child Health, by-passing the State Director of Nursing.

Elements of administrative overlapping are provided by the fact that the budget for this supposedly State operated project is provided by no less than five separate governmental units. They are: the State of Utah, Weber County, Weber County School District, Ogden City, and Ogden City School District.

The present administrative and fiscal controls over this single department are held in varying degrees by the State Department of Health, both of the governmental units of Ogden City and Weber County, and the school districts of Ogden City and Weber County, which are also separate legal entities.

Table 1 outlines the operational administrative lines of the State Department of Health.

The Budget

The total budgetary allotment to this department to carry out the functions previously described for 1955 was \$56,033.50.¹

Sixty percent of the total budget was contributed by local governmental agencies while the remaining forty percent was appropriated from State funds.

The total State appropriation for this district, including Weber and Morgan Counties, totalled \$22,413.40.

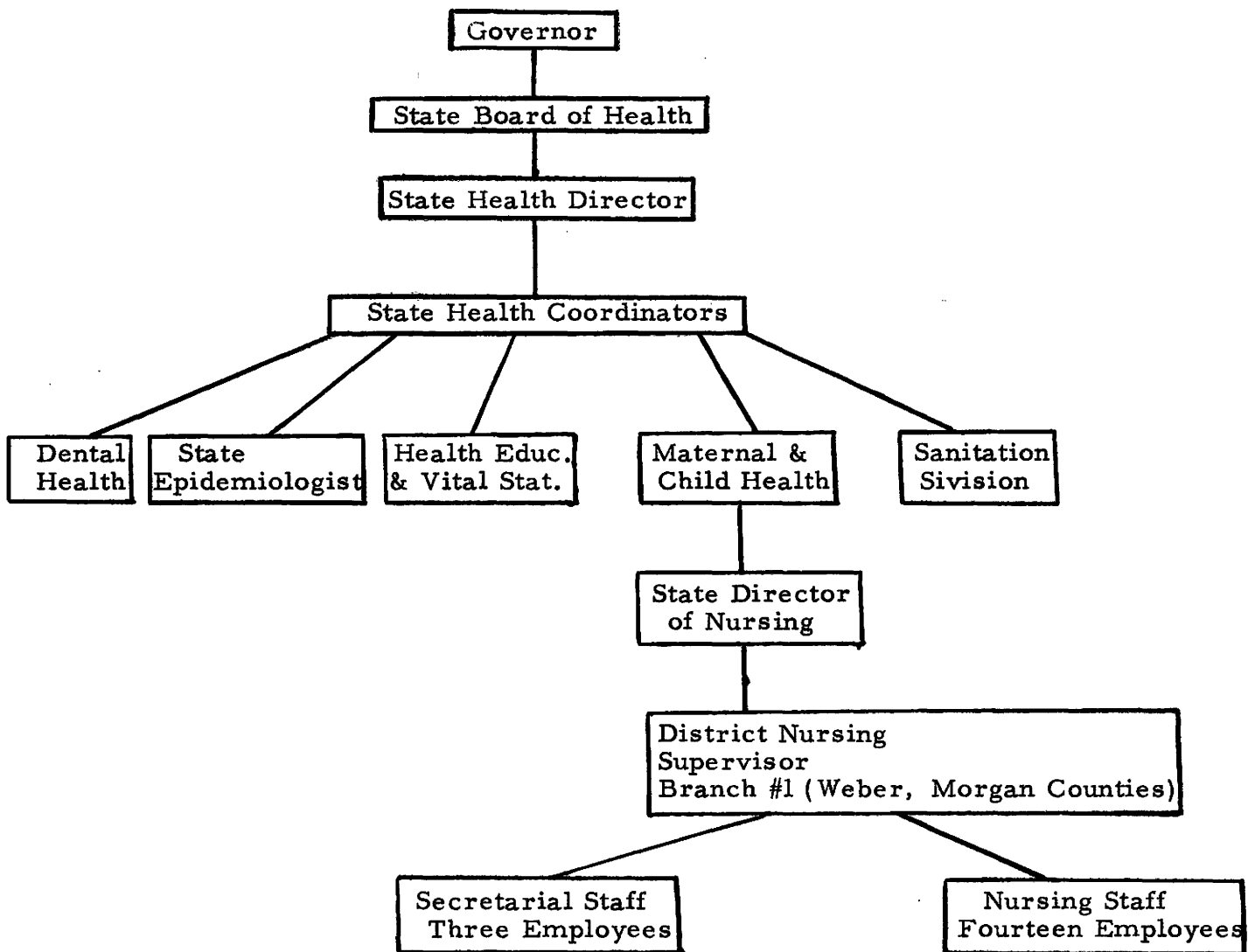
Of the sixty percent made available from the local agencies, twenty percent or \$11,206.70 was appropriated by Ogden City; twenty percent or \$11,206.70 was appropriated by the Ogden City Schools District; the Weber County Schools District and Weber County each paid ten percent or \$5,603.35 each.²

Each of the four local governmental agencies enters into a contractual relationship each year with the State Department of Health. The individual units agree to appropriate to this department these proportionate costs. The contracts specify that the local units shall pay their previously agreed upon amounts in equal quarterly payments which are due on the first days of January, April, July, and October. Failure to make payment of funds within thirty days according to this schedule is cause for immediate removal of such services for that local unit.³

The total budget for the State Health Department operations within

1. _____, Budget Summary for 1955, Utah State Department of Health, State Department of Health, Salt Lake City, Utah, 1955.
2. _____, Contractual Agreement, Weber County and Utah State Department of Health, City-County Building, Ogden, Utah, 1954.
3. Ibid.

Table 1. Operational Administrative lines of the Utah State Department of Health



Weber County for the year 1955 is divided into three general classifications which are:

- a. salaries, supplies, and equipment which total \$47,850;
- b. retirement payments consisting of four percent for each full-time nurse which total \$1,914.00;
- c. travel expenses for employees which total is \$6,269.50.

Table 2 shows the budget summary for the operations of this department.

Conclusions

Operating within Weber County under the technical direction of the Utah State Department of Health is a staff of seventeen nurses and secretaries whose work is directed by a resident district supervisor. This staff also offers public health services to adjoining Morgan County which together with Weber County comprises State District No. I for this work.

The State public health services provided by this staff generally fall within the category of being a school health program which includes physical examinations and vision tests as well as an immunization program and a teacher referral service.

In addition this staff maintains clinical records on the school children within the district.

The State appropriation to operate this program is only forty percent of the actual operational costs, the remaining sixty percent being appropriated by Ogden City, Weber County, and the Ogden City and Weber County school districts respectively. The total operational budget for this department, consisting of appropriations from five separate governmental units was \$56,033.50 for 1955.

Organization and administrative patterns now in operation suggest that improvements can be effected. The present administrative pattern in this area of public health is too diversified and should be more centralized.

Table No. 2. Budget summary for operations of Utah State Department of Health in Weber County for the year 1955

INCOME

Weber County	\$ 5,603.35
Weber County Schools District	5,603.35
Ogden City	11,206.70
Ogden City Schools District	11,206.70
Utah State Department of Health	22,413.40

TOTAL INCOME \$ 56,033.50

EXPENDITURES

Salaries (eighteen personnel)	\$ 47,850.00
Employee Retirement Payments	1,914.00
Travel Expenses	6,269.50

TOTAL EXPENDITURES \$ 56,033.50

The State Department of Health furnishes the irregular services of a Sanitary Inspector whose district includes Weber, Morgan, and Summit Counties and who despite this large geographical area is still subject to additional assignments in other areas of the State by the State Coordinator of the Sanitary Division. This eliminates the possibility of adequate and regular sanitation visits by a State Sanitarian to the literally hundreds of eating places, public lodging establishments and food processing plants within either the area of Weber, Morgan, and Summit Counties or more particularly the area of Weber County.

CHAPTER III
FUNCTIONS, ORGANIZATION, AND BUDGET OF
OGDEN CITY HEALTH DEPARTMENT FOR 1955

The Functions

Ogden City provides public health services that can be classified into six divisions. They are:

- a. laboratory,
- b. meat inspection,
- c. milk inspection,
- d. sanitation inspection,
- e. vital statistics services,
- f. city physician.

The laboratory division employs a full-time bacteriologist and half the services of a secretary which is shared jointly with the milk division.

The laboratory division conducts the bacteriological tests for milk and meat, conducts tests for venereal diseases, food poisonings and all other tests relative to any of the divisions within the city health department.

The meat division employs two full-time inspectors both of whom are engaged in supervision of killing of animals whose meat is destined for consumption by Ogden City residents.

There are six meat processing plants within Weber County. The City inspects and supervises slaughtering in two of the six plants. The remaining four plants are supervised by United States government inspectors because much of the meat produced from these four plants is destined for interstate commerce. The City does not inspect those plants which are so supervised.

There are in the Ogden area five hundred milk producers which supply ten processing (dairy) plants in Ogden City as well as five ice cream manufacturing establishments. The City employs three men in the milk division to protect the public health at sources of supply and processing.

One of these inspectors serves as a plant inspector for the ten processing and five ice cream plants. The other two inspectors are field men who inspect the sources of supply for milk products, namely the five hundred producers in the area, the overwhelming number of which are located without the City's geographic boundaries and some of which are even located in areas other than Weber County.

The sanitation division employs three full-time inspectors all of whom are engaged in the inspection of cafes, fountains, taverns, hotels, motels, schools, candy factories, canning factories and food processing plants, bakeries, trailer courts, school lunch programs, water supplies and sources, and other related institutions and establishments serving the public need.

An insight into the magnitude of this prodigious inspection program in the City of Ogden is afforded by the fact that this division takes seventy-two separate water samples each month for testing purposes.

Also included in the responsibility delegated to this division is a task not entirely within the realm of the public health, namely, the testing of weights and measures.

The sanitation division asserts that every weight and measure within the City engaged in the distribution of materials to the citizenry is checked at least once each year for accuracy.

All gasoline dispensing pumps are similarly inspected and periodic checks are made in grocery stores relative to the accuracy of weights and measures in pre-packaged foodstuffs.

The division of vital statistics employs a staff of two secretaries who are charged with the responsibility of recording all vital statistics for residents of Ogden City.

More specifically, the term "vital statistics" is enlarged to mean records of all births within the City, records of all deaths within the City, and reportorial work for all communicable diseases within the City confines.

This division also issues food handlers' permits and maintains current records on persons engaged in the preparation and dispensing of foods and beverages within the City proper.

The sixth and final division of the Ogden City Health Department is the office and function of the city physician.

The city physician is employed on a part-time basis and his services are given when needed. He does not serve in an administrative capacity nor does he act as a policy maker.

He operates a City venereal disease clinic, cares for the medical wants of City prisoners, and acts as physician for City employees injured or disabled while on duty.

The Administrative Organization

The elected City Council of Ogden appoints as their chief administrator a City Manager. The Ogden City "home rule" charter delegates to the City Manager the right to appoint the various departmental administrators of which the Director of Health is one.¹

Appointed in conjunction with the Director of Health, and also appointed by the City Manager, is a Health Advisory Board consisting of three or more members.²

1. _____, Ogden City Charter, Ogden City Charter Commission, Municipal Building, Ogden, Utah, Section 8 - 2, 1950. For full text of Section 8, see Appendix E.

2. Ibid. Section 8 - 3.

The Health Advisory Board functions in an advisory capacity only and is charged by the charter to assist the Director of Health in all matters referred to it by him.

The members of said board serve without pay; one of their number is designated as chairman of the board by the City Manager; they serve alternating terms of three years so that one or more of the board can be newly appointed each year.

Concerning the qualifications of the Director of Health, the charter specifies that he shall be a qualified physician, a graduate of an accredited medical school, and licensed to practice in the State of Utah.³ Furthermore, he shall have had at least one year's training in an accredited school of public health, or the equivalent in practical public health work under capable supervision.

The duties of the Director of Health as specified by the charter give him the responsibility for managing the health department and make him responsible for its technical and financial affairs.

He administers the health laws of the State and any supplementary health laws enacted under the authority contained in the charter.⁴

The charter explicitly states:

The Director of Health shall be responsible for all records, reports, inspections, installations, for the preparation and the administration of the department budget, collection and deposit of fees, and all other activities of the department.⁵

The City administration has not thus far found it convenient to comply with the charter insofar as the appointment of a full-time Director of Health is concerned.

The City Manager has appointed an acting Director of Health, who has

3. Ibid. Section 8 - 5.

4. Ibid. Section 8 - 5.

5. Ibid. Section 8 - 7.

had a life-time of work in public health, but who is neither a qualified physician nor a person who has had a full year's training in an accredited school of public health.

The present acting Director of Health, Mr. S. R. Cunningham, is performing a dual role both as acting Director of the department and as a member of the Sanitation Division where he assists with inspection of eating and lodging establishments as well as assisting with the taking of water samples for testing.

His assignment as acting Director of Health gives him the responsibility for supervising the activities of the Division of Statistics, Laboratory, Meat, Milk, and Sanitation, and Nursing.

Table 3 outlines the operational administrative lines of the Ogden City Health Department.

The Budget

The total budgetary allotment to the Ogden City Health Department, including the \$11,206.70 appropriated by the City for use by the State Department of Health for Public Health work in the City, was \$81,951.70 for the year 1955.⁶

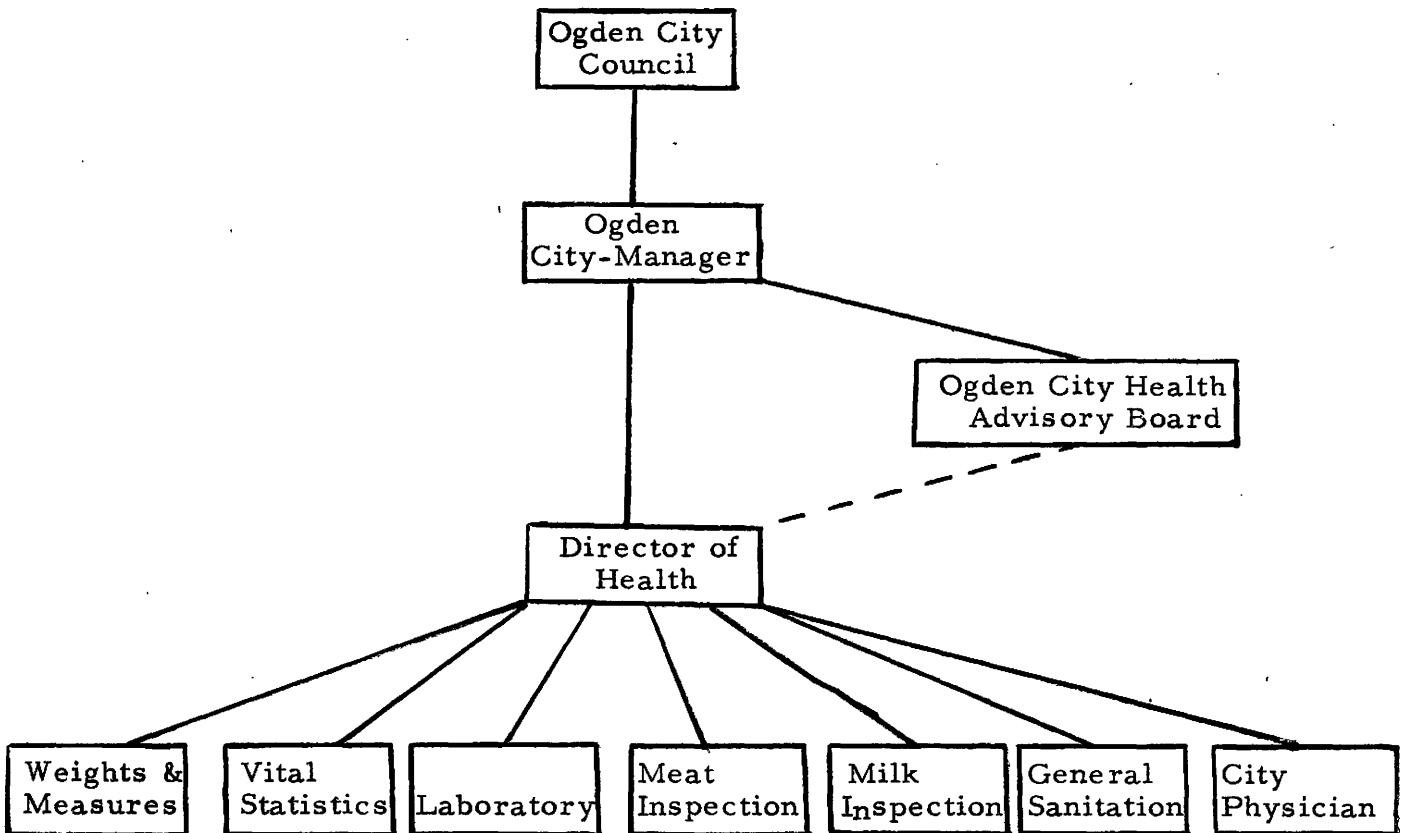
Of this amount, a total of \$62,615.00 was expended for salaries and wages which includes funds for supervision, clerical assistance and a small amount for extra help.

An additional amount of \$1,855.00 was allotted for supplies which included such items as stationery, postage, printing, chemical supplies, and standard office supplies for the various departments.

A sum of \$1,100.00 was appropriated for equipment which was to include instruments and apparatus, furniture and fixtures.

6. E. J. Allison, Ogden City Health Department Budget, Municipal Building, Ogden, Utah, 1955, p. 106.

Table 3. Operational administrative lines of the Ogden City Health Department



An additional division of the budget allocated funds for contractual services which included the amount of \$11,256.70 for the services of the State Department of Health and other services listed such as linen supplies, traveling expense, hire of equipment, communications, and office equipment services. The total amount thus appropriated was \$16,381.70.

It is possible to analyze this City budget from a services standpoint to determine the amount it is costing the City for each of the general services performed by the divisions within its Department of Health.⁷

For example the City expended during 1955 a total of \$22,536.70 for the contractual services rendered by the City Physician, the State Department of Health and for operating expenses of the City Physicians office.

The laboratory division expended during the same year a total of \$9,390.00 which total included supervision, salaries, operation, and certain items of equipment.

The Division of Sanitation which includes milk, meat, and institutional sanitation inspections spent the greater part of the total budget or an expenditure of \$44,145.00 for the varied services of this branch.

The Division of Vital Statistics utilized the lesser of the three previous divisions with a total appropriation of only \$5,880.00 for clerical wages and office supplies.

Table 4 shows the budget summary for the operations of the Ogden City Department of Health for 1955.

Conclusions

Ogden City is currently providing for its citizenry a standard of public health services which is legally inadequate. The six basic public health functions listed in the Emerson study previously cited in the introduction to this thesis are not being functionally performed.

7. Ibid, pp. 108-109-110-111.

Table 4. Budget summary for operations of the Ogden City Department of Health for the year 1955

INCOME

Appropriated from Ogden City Revenues	\$ 81,951.70
Income from other sources	None

TOTAL INCOME	\$ 81,951.70
---------------------	---------------------

EXPENDITURES

Salaries and Wages	\$ 62,615.00
Supplies	1,855.00
Contractual Services	16,381.70
Equipment	1,100.00

TOTAL EXPENDITURES	\$ 81,951.70
---------------------------	---------------------

The City Manager has not yet executed the provisions of the Ogden City Charter which stipulate that he shall appoint a full-time Director of Health who shall be a qualified physician who is a graduate of an accredited medical school and licensed to practice in Utah and who shall have had at least one year's training in an accredited school of public health, or the equivalent in practical public health work under capable supervision.

The present acting Director of Health does not possess these qualifications and must divide his time between his administrative position and his former duties in the Sanitation Department.

Despite the fact that these legal stipulations in the Charter have been in effect now for nearly five years, they have not been recognized and both the City Manager and the City Council are under moral as well as legal obligation to effect them immediately.

The appropriation of funds by the city administration for the operation of this program for 1955 totalled \$81,951.70.

The organizational and administrative pattern established in the Charter by its' drafters seems adequate but will of necessity be reviewed later in this study in conjunction with proposals to merge this legally established department with a single county-wide, consolidated health department.

CHAPTER IV
FUNCTIONS, ORGANIZATION, AND BUDGET OF WEBER COUNTY
HEALTH DEPARTMENT FOR 1955 AND INCORPORATED
AREAS OTHER THAN OGDEN CITY

The Function

The public health services offered by Weber County are sub-standard and not adequate primarily because of insufficient funds being made available for this important work and a lack of full-time personnel working in the field. This statement is verified by the fact that the entire amount appropriated for public health work in the 1955 Weber County budget was only \$7,750.00,¹ which is considerably less than the recommended per capita minimum urged in the Emerson study of 1945 previously cited. This amount includes the Weber County appropriation to the State Department of Health for the nursing services described in Chapter One, and salary of the County Physician and the supplies and limited nursing services of his office.

The County Physician, as the City Physician, is employed on a part-time basis and his duties are currently outlined to include the care of county prisoners, indigent cases, venereal disease clinic and care of county employees injured while on duty.

There is no Sanitary Inspector but the individual designated as County Plumbing and Building Inspector makes such sanitation inspections as his time will allow. Admittedly these visits are infrequent and occur usually only about once each year according to Linn Baker the present County Plumbing and Building Inspector.

The county does not have a milk or meat inspector and offers no vital

I. _____, Weber County Budget Summary, City-County Building, Ogden, Weber County, Utah, 1955.

statistics services.

It is obvious that a department offering such restricted services is not adequate to the needs of modern society.

The Administrative Organization

The organization of the Weber County Health Department, as might be expected, is so simple as to not warrant a table illustrating it.

The Board of County Commissioners, composed of three elective officers who name their own chairman, appoint the various County administrative and staff officers including those now concerned with such public health work as is being done.

They designate the person who acts in the capacity of the County Physician as well as the County Plumbing and Building Inspector who is a "sometime" Sanitary Inspector. The health officials involved have no particular administrator or individual they are responsible to other than the rather loose relationship between them and the Board of County Commissioners.

The Budget

As with the organizational procedures the budgetary outline for county services is an embodiment of simplification calling for the appropriation of \$5,603.35 for the contractual services resultant from the States' school nursing program and \$2,100.00 for the annual salary of the County Physician. A small balance is left for office supplies.²

Incorporated Areas Other Than Ogden City

Areas within Weber County that are incorporated political sub-divisions include North Ogden, South Ogden, Washington Terrace, Roy, Uintah, Huntsville, Plain City, Riverdale, and Pleasant View.

Other unincorporated areas include Hooper, West Weber, Warren Slaterville, Eden, Liberty and other small communities.

2. Ibid.

There is no incorporated area within Weber County, excluding Ogden City, that employs a full-time individual who is engaged in any form of public health work.

Naturally, the unincorporated areas cannot act officially in matters relating to public health services.

Conclusion

The accepted basic public health services now being offered by Weber County are sub-standard and do not even extend themselves to fully cover even one of the six basic services listed by Emerson.

The budgetary appropriation and numbers of staff employed appear to be inadequate to accomplish minimum public health protection.

No one Weber County official including all incorporated areas other than Ogden City is devoting full professional time to public health work.

If Weber County were to offer its citizens living without the geographical limits of Ogden City even the minimum acceptable public health services it would be necessary to:

- a. establish an organizational pattern for administration of such services,
- b. increase funds available for the provision of such services,
- c. employ sufficient full-time staff and administrative personnel to effectively provide these services.

CHAPTER V
THE CONSOLIDATION OF PUBLIC HEALTH
SERVICES IN WEBER COUNTY

Administrative Problems

Previous chapters of this thesis have been of an expository nature. This is in keeping with the nature of the problem and conforms to rules for the administrative study of contiguous operations outlined by Charlesworth.¹

That authority in the field of governmental administration, advanced the notion that the student should determine "what" operations are being performed; "where" the work is being performed; "when" and "who" is doing the work; and finally, "how" should it be done?

Leonard D. White defines poor administrative organization as:

One in which the parts are not well laid out, in which there is duplication of work, lack of clear responsibility, poor coordination, loose supervision, ineffective delegation, and confusion of purpose . . .²

The above quotation can be applied as a definite statement of the nature of administrative organization now in operation in the area of public health in Weber County in view of the information covered previously in this thesis.

It is White's contention that:

Good organization and smooth operations are inseparably connected. Even though competent personnel may make the organization work, there is no sense in requiring them to work with a poor one.³

Without attempting to further review details in organization and function already covered it can be safely asserted that there is some duplication of work between the State, Ogden City, and Weber County, although the chief

1. James C. Charlesworth, Ph. D., Governmental Administration, Harper and Brothers, New York, New York, 1951, p. 402.

2. Leonard D. White, Ph. D., The Study of Public Administration, Macmillan Co., New York, New York, 1947, p. 37.

3. Ibid. p. 37.

fault rests actually with the lack of work being done.

The three chief governmental units now engaged in varying degrees of public health work in Weber County (the State, the County, and Ogden City) do not have a unity of command. There is only incidental planning and coordination between the three agencies.

Dimock points out the fact that when several agencies compete with one another an illogical and haphazard framework, group interests and jurisdictions usually overlap and generate conflict.⁴

Furthermore, the same authority defines "good" administration as, ". . . knowing what to do and how to do it."⁵

Research on this problem has shown that the "acting" director of health in Ogden City does not meet the qualifications previously cited in the City Charter as a public health specialist or medical practitioner. Other members of the health department are found wanting in qualifications.⁶

The individual responsible for sanitary inspections in the county organization is in reality the County Plumbing and Building Inspector.

There is no line of authority or communication between the State, County, or City Departments of Health.

Pfiffner points out a general rule in field situations where two or more separate agencies are rendering services which seems to be directly applicable. He maintains,

Communication between field services representing different bureaus is almost nonexistent. The problem is not only a matter of specialization but often one of deliberate intent.

The contention that there is duplication of services and overlapping

4. Marshall E. Dimock, et al, Public Administration, Rinehart & Co., Inc. New York, New York, 1953, p. 265.

5. Ibid. p. 73.

6. For example, two of the City's meat inspectors are not veterinarians nor is the City pathologist and bacteriologist a licensed medical practitioner.

7. John M. Pfiffner, et al, Public Administration, Ronald Press Co., New York, New York, 1953, p. 118.

jurisdictions is not original with this thesis as the Utah Local Government Survey Commission recently reported, ". . . all too much duplication and overlapping of jurisdiction in public health administration in Utah exists. . ." ⁸

The same report pointed out that a "critical" situation in Health Organization and Administration exists on a local level in Utah and stated,

While enough money is being expended for a satisfactory local health program, a considerable amount is wasted in duplicating services, mal-administration and poor organization. ⁹

The Survey Commission asserted that our natural health protection barriers are no longer effective against the impact of recent industrialization and population changes and cited a report made to the State Board of Health by Dr. Ira Hiscock of Yale University claiming that,

Evidences already exist to indicate that health conditions are deteriorating in Utah and . . . many unnecessary cases and deaths result from diphtheria, intestinal and respiratory diseases, including tuberculosis. ¹⁰

Several authorities have been previously quoted as urging creation of consolidated local public health units as the answer most effective to this problem and their words are given weight by the conclusions of the survey commission which postulates as follows,

. . . it is believed that only by this means (establishing full-time local health units) is it possible to eliminate duplication of services and to establish a sound health protection program. ¹¹

Initiation of a full-time, consolidated health program in Weber County under a single trained administrator, in view of the survey commission's preliminary report as well as this thesis appears to be an immediate necessity on the basis of evidence presented.

8. Sub-Committee on Public Health, Preliminary Report on Public Health Services in Utah, Local Government Survey Commission, (Mimeographed) Salt Lake City, 1955, p. 69.

9. Ibid. p. 67.

10. Ibid. Dr. Ira Hiscock, Preliminary Memorandum to the Utah State Board of Health on Public Health Organization in Utah, (Mimeographed)

11. Ibid. p. 68.

Ideally the work of such an administrator is outlined by Pfiffner in the following quotation.

. . . the line administrator would coordinate. Specifically, he would be concerned about the amount of staff services required, seeing that there was no unnecessary duplication of effort; he would manage the staff agencies to the end that they might render the maximum services to the specialties; and he would lead them to cooperate, settling internecine strife and reconciling inter-functional maladjustments.¹²

Summary

Public Health work in Weber County suffers from mal-administration. It is either not supervised at all or, at best in some instances by improperly trained personnel.

Public Health Work in Weber County is inadequate and a critical situation exists not only in this county but generally throughout the State, according to the local government survey commission.

The organizational and administrative procedures now employed by the three separate governmental units engaged in public health work in Weber County do not conform to good administrative criteria outlined by recognized authorities in the field of public administration.

Public health authorities and the Utah local government survey commission contend that the most direct means of eliminating these critical public health problems as well as duplication of services, poor organization, and mal-administration is to establish local, full-time, consolidated health units.

12. John M. Pfiffner, et al, Public Administration; Ronald Press Company, New York, New York, 1953, p. 198.

CHAPTER VI
CONCLUSIONS, LEGAL PROBLEMS OF IMPLEMENTATION,
AND RECOMMENDATIONS

Conclusions

Observations reported, as a result of research, in previous chapters and appendix of this thesis seem to substantiate certain general conclusions, the more important of these being:

1. The provision of the half dozen basic public health services should be primarily a function of local governments and political subdivisions;
 2. The provision of public health services is vital to the well-being of the community, state, and nation;¹
 3. Taken as a whole, public health services now provided in the area under study, Weber County, are functionally inadequate,² and are administered by inadequately trained or part-time personnel;
 4. Improvement and broadening of existing services in public health can best be achieved according to expert witnesses previously cited
- I. New York City furnishes a concrete example of the results of improved public hygiene and sanitation. Authorities attribute the lengthening of the male and female life span in that metropolis to the efforts of the New York Public Health Department. For reference see Mark F. Boyd, Preventive Medicine, Saunders Company, Philadelphia, Pa., 1945, pp. 3-4.
 2. Without equivocation the Preliminary Report on Public Health Services in Utah, compiled by Local Government Survey Commission (mimeographed) 1955, p. 67, states, "A critical situation in health organization and administration exists. While enough money is being expended for a satisfactory local health program, a considerable amount is wasted in duplicating services, mal-administration and poor organization."

and others,³ by implementing a full-time consolidated county or district health unit;

5. In Weber County, the population of which was estimated at 96,600 in 1955,⁴ there was in excess of \$128,000.00⁵ spent during the same year for inadequate primary public health work;
6. There is wide-spread support for a county-wide full-time public health unit in Weber County by medical practitioners and civic organizations but disagreement between elective city and county officials as to how such a unit can be implemented.⁶

These conclusions seem to indicate the desirability of establishing a full-time, county-wide public health unit. As previously mentioned, while there is broad support for the proposal in general, there are basic differences in legal approach and administrative organization which will have to be overcome before the unit can be effectively established.

Legal Problems of Implementation

Prior to an examination in detail of the various modes of legal implementation the problem can be stated in a general manner as follows:

3. Local Government Survey Commission, Preliminary Report on Public Health Services in Utah, (mimeographed), Salt Lake City, 1955, p. 71, see also: Haven Emerson M. D., Local Health Units for the Nation, Commonwealth Fund, New York, 1945.
American Public Health Association, Governing Council, Resolution, adopted October 29, 1942. For full text see Appendix G.
American Medical Association, House of Delegates, Resolution, adopted June 10, 1942. For full text, see Appendix F.
4. Department of Commerce, Bureau of the Census, Current Population Estimates, Government Printing Office, Washington D. C., 1955, p. 9.
5. Ogden City Recorder (Elizabeth Tillotson), Minutes of Ogden City Council, September 8, 1955. This section reproduced in Appendix A.
6. See excerpts from official Ogden City Council minutes contained in thesis Appendix A. Especially note minutes of joint meeting with Weber County Commissioners, et al, February 16, 1953, Appendix A.

the home-rule charter of Ogden City provides in minute detail the legal administrative and organizational pattern for a health department and the question of whether or not Ogden City could subvert its prescribed governmental health responsibility to another entity is the chief problem of legal implementation.

The remaining pages in this chapter will be devoted to descriptions of such possible legal feasibilities as:

1. Permissive legislation now a part of the Utah Code;
2. Revision of the Ogden City Charter;
3. Formation of contractual relationships between Ogden City as the party furnishing health services, and Weber County and other incorporated municipalities in the county acting as contracting parties for these services.

Permissive Legislation

Present Utah statutes permit the establishment of three types of county-wide health units, namely, city-county consolidated units, county units, and functional consolidation.⁷

Since 1945 permissive legislation has existed permitting cities and counties to unite their health departments into a single consolidated operation. Until 1953, the weakness of this legislation was embodied in the principle that the costs of such a unit were to be apportioned on the basis of tax evaluation of participating governments. Municipalities therefore, were subject to double taxation as their citizens would share in the municipal as well as the county share of the apportionment.

In 1953 this objection was removed partially by providing that participating political entities could devise such financial arrangements as would

7. John W. Tranberg, A. B., L. L. B., Editor, Utah Code Annotated, Vol. III, Allen Smith Co., Indianapolis, Indiana, 1955 Supplement, 26-15-33-35, p. 91.

best suit them.⁸ The obvious weakness in this system is that with local municipalities appropriating budgets as they do annually, one or more could withhold financial support at will. It is not inconceivable that a consolidated health unit thus established could face a financial crisis at the commencement of each fiscal year.

While the present enabling legislation may be adequate for most other areas, it has its limitations when applied to Weber County because once again the problem of participation by Ogden City in view of the specifics contained in the charter complicates the application at best and at worst, may make the situation legally impossible.

Table 5 outlines the chief conflicts in specifics contained in the Utah Code and the Ogden City Charter.

Revision of the Ogden City Charter

The Charter Commission of 1950 provided for charter revision in Article XVI, Section 16-8 of the Ogden City Charter⁹ with the stipulation that,

"Amendments to this charter may be framed and submitted to the electors of the city as provided by the general law of the State of Utah."

If the charter is too specific on the details inherent in the City Department of Health, it is possible to amend this charter so that it may not present legal complications which in some areas seem to be in direct conflict with permissive Utah law as noted on Table 5.

In a formal legal opinion submitted to the Ogden City Manager by the Ogden City Corporation Attorney¹⁰ said opinion states, it appears to me the State statute and City Charter are irreconcilable. . .¹¹ and two alternatives to the seeming legal impasse were offered in the same opinion, amendment of the

8. Ibid.

9. Ira H. Huggins, Chairman, Ogden City Charter Commission, et al, Ogden City Charter, Municipal Building, Ogden, Utah, 1950, p. 46.

10. For full text of opinion see Appendix D.

11. Ibid.

Table 5. Comparison of public health laws of Utah Code Annotated, 35-3a-1-23 and Ogden City Charter, Article VIII

<u>ITEM</u>	<u>STATE CODE</u>	<u>CHARTER</u>
1. Number of Board of Health members	Seven (City-County Joint Board)	Three or more
2. Mode of Appointment of Board of Health	Appointed by legislative bodies of cities & county	Appointed by City-Manager
3. Term of Office	Not more than five years	Three years
4. Qualifications	One member must be a physician	None
5. Appointment of chief Health Officer	By Board of Health	City-Manager
6. Qualifications of Chief Health Officer	"As prescribed by merit system"	Physician, licensed to practice in Utah, one year public health training
7. Selection of Personnel of Health Department	Appointment by Board of Health	Appointed by Health Officer
8. Powers and Duties of Board of Health	"The policy forming branch"	"Advisory only"
9. Powers and Duties of Chief Health Officer	"Executive of the Board of Health"	"Manager of the Health Department"

Charter or amendment of existing State law so that a joint health department could conform to the provisions of the Charter.¹²

The costs of Charter revision are one detracting factor in the choice of this alternative¹³ but the revision of the charter would also probably receive active and vociferous opposition from medical men and public health proponents within the city.¹⁴ They seem to be reluctant to substitute a legal accomplishment in the Charter for an unknown situation under County-wide Control.

In conclusion, the revision of the charter could solve the legal complications but any move to so revise would undoubtedly be opposed on a cost basis as well as on the grounds that to delete the role of Ogden City as the logical leader in public health activities in Weber County would be a mistake.

Contractual Relationships

Should it be definitely determined that a consolidated health unit is impossible unless either the Ogden City Charter or the State statutes are amended the one remaining practical expedient is for Ogden City to provide county-wide public health services to other incorporated areas as well as those unincorporated areas of Weber County on a contractual basis.

This alternative is currently the most popular proposal with city officials and public health proponents¹⁵ but it is the least palatable of the three for the Weber County Commission.¹⁶ While at least two of the three County Commissioners have publicly stated their opposition to this alternative it

12. Ibid.

13. See excerpts from minutes of Ogden City Council contained in Appendix A.

14. Ibid.

15. See minutes of joint meeting held February 16, 1953 contained in Appendix A.

16. Ibid.

is interesting to note that representatives from incorporated areas other than Ogden City as well as unincorporated towns in the County area have not voiced opposition to this proposal. Quite to the contrary, they have offered it their support.¹⁷

For study purposes, the Ogden City Corporation Attorney prepared a draft agreement which could be used as a basis in working out the details of this proposal.¹⁸ but no official action on this draft has been taken by either the City Council and County Commission.

In short, there seems to be general support for this alternative from all groups except the Board of Weber County Commissioners, whose chief objections appear to be that to effect this type of arrangement would be a violation, at least in spirit, of the Utah statutes pertaining to consolidated public health department.¹⁹

Recommendations

Research conducted by the writer indicates the apparent critical need for the establishment of a full-time, local, consolidated public health department in Weber County. While the seeming necessities for such a department tend to overshadow and even obliterate the obstacles to its' establishment, a careful analysis of the complicated legal problems of implementation causes a student of the problem to pause and consider which of the legal avenues affords the shorter distance to the goal.

Separating political considerations from the analysis, objectively the most desirable legal vehicle appears to be a county health department as established under section 26-15-36 of the Utah Code Annotated, 1955.

Established in this manner, the county could appropriate a portion of its tax levy for public health work and the incorporated areas therein could

17. Ibid.

18. For full text of this contractual agreement see Appendix C.

19. See minutes of joint meeting held February 16, 1953 contained in Appendix A.

reduce their respective tax assessments commensurate with the amount previously spent on public health work within their geographical confines. This would reduce somewhat the double taxation that occurs when cities and counties combine between themselves to support a unified health department as the cities are not only paying their own assessment but are assisting, through county taxes, to pay the countys share.

This form of legal organization would also provide continuity of operation and would eliminate any possibility that participating political subdivisions could withdraw when minor grievances occurred. This possibility exists under city-county consolidated units or under health departments operated by contractual agreements.

Opponents of this plan, which are the same persons who are opposed to revision of the Ogden City Charter, fear the possibility of political patronage being used by the appointive body (Board of County Commissioners) to the detriment of the department.

This danger does exist and patronage exists in Weber County offices,²⁰ while Ogden City employees have been placed under a system of civil service ratings since the adoption of the Charter.

It seems important that the operation of the Department of Public Health should be administered and executed by professional persons.

The possible patronage problem is one of several that would have to be solved before the incorporated areas would likely offer to participate in such a unit but, it is significant to note that because of geographic, population, and economic features the Local Government Survey Commission recommended that Weber County consolidate into a single, county-wide public

20. Recently, a young part-time employee in the Weber County Assessors's Office was discharged for expressing publicly the hope that President Eisenhower would regain his health to such an extent that he could run for a second term. The elected County Assessor, Bruce Jenkins, is a Democrat.

health department.²¹

Because of the apparent attitudes of both Ogden City and Weber County officials at the present time, which attitudes are clearly discernable upon study of the official minutes of the Ogden City Council,²² it appears that it may be some time before such an objectively ideal unit could be established.

As has been pointed out, the home-rule Charter of Ogden City presents some unique legal problems but it should be stressed, they are not insurmountable.

Permissive State legislation could be modified or amended to conform with those parts of the Ogden Charter with which they are now at variance. Conversely, the Ogden Charter could be revised allowing the City to join in the formation of a county directed consolidated public health unit.²³

The writer has concluded as a result of this study that either of these eventualities are probably some distance in the future. This conclusion does not preclude the necessity of attempting to eliminate those "critical" problems cited by the Local Government Survey Commission and alluded to in this thesis in the area of public health services.

It is the existing current political and legal considerations which cause the writer to recommend as an interim alternative the formation of a contractual arrangement between the Ogden City Department of Health and Weber County, including incorporated communities other than Ogden City.

This arrangement could serve until such time as a more satisfactory health unit can be adopted. An interim contractual agreement would not defeat the organization created purposefully by the Charter Commission of Ogden City; it would considerably reduce the administrative and functional problems now existing between State, County, and City in their operation

21. Preliminary Report on Public Health Services in Utah, Local Government Survey Commission, Sub-Committee on Public Health (mimeographed) 1955, Table 10, p. 71.

22. See Appendix A.

23. For comparisons between Ogden City's chartered Health Department and Health Department organization under the Utah Code, see Table 5.

45
of separate public health functions, it could easily be terminated at such time as a more satisfactory county-wide Department of Health could be established; it would be an immediate remedy, if not a complete one, for the "critical" health problems brought to light by the Local Government Survey Commission report.

Any system of county-wide public health administration in Weber County will likely raise problems but it appears to be desirable that some form of temporary arrangement between the political entities involved be implemented to provide essential health services during the period of time necessary to establish a permanent and ideal organization.

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APPENDIX A
EXCERPTS FROM MINUTES OF OGDEN CITY COUNCIL PERTAINING
TO FORMATION OF CONSOLIDATED PUBLIC HEALTH

EXCERPTS FROM MINUTES OF OGDEN CITY COUNCIL
PERTAINING TO FORMATION OF CONSOLIDATED
PUBLIC HEALTH UNIT

January 19, 1952, Letter from Dr. Drew Peterson, M. D. Chairman
Health Committee, Chamber of Commerce

Hon. Geo. F. Frost:

As per our conversation of a week or so ago, I am sending you the following thoughts:

For some time many citizens and all the members of the Health Committee of the Chamber of Commerce have been interested in attempting to combine the city and county health units into one unit. This of course, would avoid duplication, which certainly exists at the present time, would probably cut down expenses to both the city and the county considerably, and is certainly a much more efficient and satisfactory method of handling the health problems of the city and the county. The details of such an arrangement can be worked out when the parties of the city and the county have agreed to set up a combined health unit. In the new Charter provision has been made for a full time health commissioner for the city and it seems wise and practical, in view of this, to attempt to form a combination. This is an important problem which will confront the new manager and the council and I am writing this as per your request. As Chairman of the Health Committee of the Chamber of Commerce I will certainly be glad, along with other members, to help you and perhaps talk this problem over further at a later date. As I understand it, the present county commissioners are rather in favor of such a move. This is an impression and may not necessarily be true.

I hope this information will be sufficient to enable you to bring the problem before the council and county commissioners and feel free to call me at any time about the problem.

(Signed) Drew M. Peterson, M. D., Chairman Health Committee of Chamber of Commerce.

This matter was referred to the Council and Dr. Peterson advised by letter that the Council was interested in discussing this matter with Dr. Peterson and his committee but moved that it be tabled until the City Manager arrived, which would be February 4th.

January 25, 1953, Letter from Orson Whitney Young, County Health Study Committee

"To the Council":

During the past few months a committee has been studying the advisability of forming a county-wide health department in Weber County. Representatives appointed by the town boards, Ogden City and Weber County Commission make up this Study Committee.

One difficulty standing in the way of forming such a health unit is the interpretation of Article VIII in the City Charter providing for a Department of Health. The Charter sets up a board of health which is merely advisory to the Director of Health who is appointed by the City Manager. The State Law governing such organizations specifies a policy-making board of health which appoints the director.

This Study Committee was advised by a competent attorney that Ogden City could join such an organization for a county health department of which all towns and cities in Weber County could be a part. The County Attorney of Weber County has advised the County Commission that the City Charter provisions do not permit Ogden City to cooperate.

Where such differences of opinion exist the Study Committee cannot be certain that such a county health department could become possible. Our study and our recommendations will be in vain if the county health department is not possible because of legal barriers.

It seems that the matter rests in the hands of the City Council. If, in your opinion, this county health department is desirable, then steps can be taken to clear away the legal obstacles. The present Study Committee therefore requests your consideration of this matter; whether you wish to become a part of a county-wide health department and whether you wish to make such legal provisions to set it up.

If you wish any help from the members of this Study Committee be assured we will do all we can to supply it. "

(Signed) Orson Whitney Young

This was presented to the Council January 17th at their regular meeting and taken under advisement.

February 7, 1953, Dr. Orson Whitney Young addressed a letter to the Council under date of February 5th, 1953 which read as follows:

"Last night at Weber College the Committee for the study of a County-wide Health Department met and brought to a conclusion the consideration of its assignment. Your representative, Mr. S. R. Cunningham, was present and took part in the discussion in his usual helpful manner.

It was moved by Dr. Don A. Buswell of North Ogden and seconded by Mr. James A. Nelson of Roy, Utah, that "this committee recommend a full-time county health unit be established and that this be done as soon as practicable. " The motion carried unanimously with all present and voting except Mr. Arnold Renstrom of Huntsville who has told me he agrees with the recommendation.

The Committee instructed me to inform each town board, the Weber County Commission and your Honorable Body of our decision. Furthermore, each representative is to appear before his respective board and explain the basis of our conclusion.

It should be understood that this study committee was appointed to find out whether a county-wide health department is desirable or not on the basis of sound public health practice. Many details of organization and financial support remain to be worked out. We believe that Weber County would be a better and more healthy place in which to live had we such a full-time county-wide unit.

Please accept my thanks for sending such a splendid representative as Mr. Cunningham and for your consideration in the matter. Should you wish any help from me in arriving at a decision concerning this matter, I shall stand ready to give what I can. "

(Signed) Orson Whitney Young, Chairman County-Wide Health Unit Study Committee.

Dr. Young was present to offer any assistance or help requested. He stated that inasmuch as there seems to be a legal difficulty which might prevent Ogden City from entering into such a contract, that Dr. Jos. R. Morrell had been requested to contact the State Legislature in its present session to see if they could take some action that would permit Ogden City to join such a unit. Dr. Young also stated that Davis County has a gentlemen's agreement on the matter and suggested the Council ask Mr. Thatcher if such an arrangement could be made here.

The concensus of opinion was that no change should be made in the Charter, which outlines a splendid health department, and the only reason the City has not been operating fully under such ruling, is because the City Manager has not to date been able to locate the right director. However,

Mr. Allison said the City would be operating under the Charter rules within the next sixty to ninety days.

The Council made it clear that there is a vast difference between a Joint Health Unit and a Full-time County Health Unit.

The Council members are not in favor of any joint health unit.

It was suggested a meeting be called of the interested parties and a full scale discussion on the matter get underway.

Motion by Mary Woolley and unanimously carried, that a meeting be called for February 16, 1953 at 8:00 p. m. and that the City Councilmen, County Commission, City and County Attorneys, Dr. Jos. R. Morrell and other representatives from Dr. Young's committee be invited to attend.

Note: Letters mailed to parties as suggested, 2-9-53.

February 16, 1953

Special meeting of the Councilmen of Ogden City, Weber County Commissioners, Dr. Jos. R. Morrell and representatives from the City and County Health Study Committee under the Chairmanship of Dr. Orson Whitney Young, were invited by Ogden City Councilmen to attend and discuss the proposed County-wide Health Plan.

The following were present:

Mayor Geo. T. Frost, James R. Foulger, Mary Woolley, Raymond S. Wright and Toby Larsen of the Council. Dr. Jos. R. Morrell, D. D. McKay, Lynn C. Baker, Heber A. Fernelius of Uintah, John S. Dye of Uintah, Gordon Thompson, Plain City, F. R. Anderson of Pleasant View, Arnold O. Renstrom, Huntsville, S. R. Cunningham, City Sanitarian, Lyman Hess, Weber County Commissioner, and Elmer Carver, Commissioner. Also G. Lyle Palmer of South Ogden. Jos. Nelson of Roy, E. J. Allison, City Manager and Paul Thatcher, City Attorney.

Mayor Frost conducted and requested Dr. Jos. R. Morrell to act as

executive Chairman and introduce the subject at hand. Dr. Morrell proceeded by reading a brief on the matter and asked for questions. The Charter which was adopted by Ogden City, provides for a splendid health plan and under Section 8 - 2 of said Charter, the organization of such a plan is clearly stated as follows:

"The department of health shall be maintained under the supervision of a Director of Health, who shall be a full-time official appointed by the Manager. The Director shall then plan the organization of his department and select the personnel necessary to insure the carrying out of standard policies of public health."

Section 8 - 3 reads:

"There shall be an advisory board created consisting of three or more members, who shall be appointed by the City Manager, etc."

Mary Woolley suggested that inasmuch as we have the Charter, the Question is "shall we combine our unit with the County", stating she did not like to see the matter get out of the hands of the city, that the Charter provides for a splendid health unit which should be supervised by a department of the city.

Commissioner Hess felt the Charter should be amended, and said there was no use dwelling on the idea that the city would control the matter; that the State wants the County to make the unit an over-all one for the entire county and they (the State) will help finance it. Linn Baker stated the State would contribute \$35,000 towards the plan.

Commissioner Carver said the County and City could get along, but he doubted if the incorporated cities would be happy about it without representation; that he would prefer to leave the matter as is.

Commissioner Hess said he had a good deal of respect for Mr. Allison, but felt the City must not have full control. He wanted directors from the County and they must have something to say about the plan. The Board of Directors must be represented by County men and it would not work with

Mr. Allison as overall supervisor.

Dr. Morrell advised that the Rockerfellow Foundation had been attempting for a long time to establish just such a unit throughout the nation. That about half of the cities now had a full-time health director and the other half a part-time director; that a combined unit worked out under the Charter would be ideal and as there had been a great deal of time and study put into the Charter and it incorporated a splendid health unit, he preferred to see such a unit operated under the Charter. Rather than change the Charter, he would prefer to see the matter left as it is.

Mayor Frost stated inasmuch as the Charter provides for an excellent health unit, and Ogden City has not yet given the Charter Plan a trial, he would like to see the unit operated under this plan; that to change the Charter at this time would not be a good idea and it would be a very expensive thing as the citizens would have to vote on it.

Toby Larsen voiced the same opinion and stated the County could come in with Ogden City and pay per capita of the expenses of such operation.

Paul Thatcher agreed that the County could come in and the City could furnish services on a contract basis. The technicalities he would have to check thoroughly.

Gordon Thompson of Plain City was not aware that the city would be selling services, and he felt the County should be represented on the Committee.

Dr. Morrell advised the standard services would be rendered the County just the same as in the City; that Utah County, which has many more incorporated areas than Weber County, is operating very splendidly under the proposed plan. That if it were adopted here, it would cost \$1.50 per capita, which is the amount the City and County now pay, but they would get better service under the new plan, for their tax dollar, and he advised that the doctor would be chosen on the same basis as the City Manager, because he

would be considered qualified for the job by training and experience, but that he would be responsible to the City Manager. Also that the doctor would administer the ordinance and the County or City could not tell him how to organize his work. If ordinances were not set up, the doctor would have nothing to work with. Dr. Morrell was of the opinion that the city and county could organize informally and cooperate in setting up of ordinances. If an area felt at the end of a year that it was not getting its money's worth, it could then withdraw.

Manager E. J. Allison reminded the group that the Charter provides for City employees to be under Civil Service.

He also stated that he had no desire to take over the County--he had quite enough to do right here in Ogden City and the only reason he would have anything to do with it, would be because the Charter so provides.

Mr. Larsen explained that the reason was economic--we were attempting to pool efforts for better service for the tax dollar and likened the plan to an architect. He felt the County should have something to say about it--and that a committee could make plans and Mr. Thatcher could check the points.

Miss Woolley suggested she felt details could be worked out, that a plan should be drawn up and presented at another meeting.

D. D. McKay from Huntsville, said Huntsville cannot spend much money on a health unit, but Huntsville needs a good health plan as well as Ogden City does and suggested prejudices be set aside and some program be formulated; that if representatives from the County be included and the matter of expense checked, other things would be worked out satisfactorily.

F. R. Anderson from Pleasant View offered to cooperate 100 percent.

John S. Dye from Uintah offered to cooperate on behalf of his community.

Mary Woolley suggested as long as the Charter has made a provision for

an Advisory Board, possibly members from the City and the County could work on such a board.

After hearing comments from many persons present Commissioner Hess stated he would like to suggest that the Mayor call a committee from the County and the City and they get together and work out a plan to be submitted later--that he did not want to see the things flop now, as there had been too much time and energy expended and a plan is badly needed.

Toby Larsen, City Councilman, made a motion that a committee of six persons be chosen, three from the County and three from the City, to get together and work out a plan to be presented at a later meeting. An amendment was added to appoint seven men, or an odd number and that Dr. Morrell be appointed to act as Chairman and seventh member of said committee and that he call a meeting when a plan is ready to submit for hearing. Also that the City and County attorneys act as ex-officio members of this committee.

Motion seconded by D. D. McKay of Huntsville, and carried.

Meeting adjourned at 9:30 p. m.

Elizabeth M. Tillotson, Recorder.

March 7, 1953

Mayor Frost today appointed the following to represent Ogden City on the proposed County Wide Health Unit:

Mary Woolley
Raymond S. Wright
Toby N. Larsen

The County Commissioners will represent the County and the City and County attorneys will act as Ex-officio members of the group.

Letter to Commissioners of Weber County, Dr. O. W. Young, who is acting for Dr. Jos. R. Morrell while he is away for two weeks, mailed today.

No motion--Mayor's appointment.

August 19, 1954

Resolution from Federated Women's Clubs urging merger of City and County health departments was read. No action was taken.

April 7, 1954

Letter from City Recorder to Dr. Jos. R. Morrell advised that she had, as requested by him, arranged for a meeting in the City-County Building, at 7:30, April 14th, and had invited:

- County Commissioners
- Paul Thatcher--City Attorney
- Maurice Richards--County Attorney

- Mary Woolley
- Raymond S. Wright
- Toby Larsen

This is the committee appointed by Mayor Frost, March 7, 1953.

March 3, 1955

Dr. O. W. Young, Member of the Weber County Health & Welfare Council who was appointed to follow this matter up, sent the following letter to the Council:

"Since about 1922 the health facilities of Ogden City and Weber County have been under separate management. A number of committees have been appointed to study the facts and to make recommendations as to how health services in this community should be administered. Dr. Joseph R. Morrell's Committee in 1935, Judge Reeder's Committee in 1939 and the committees of which I was Chairman in 1945 and again in 1953 all have advised the same course, namely: that a County-wide health department be set up under a full-time medical director.

Since the last committee made its recommendations, no official action has been taken.

I would appreciate your giving me a few minutes at your March 3rd meeting to discuss this matter with you. I shall apprise Dr. Morrell,

Dr. Peterson, Dr. Lund and Dr. Hirst of the possibility of this matter being taken up, so that they may attend. They are in very close touch with health situation in our community, so their opinions would be of great value. "

(Signed) Orson Whitney Young, Member Weber County Health & Welfare Council (appointed to follow this matter up)

Dr. Young, Dr. Morrell, Dr. Lund and Dr. Hirst were present at the meeting and Dr. Young was spokesman for the group, and explained that the Welfare Council is very anxious to get this project under way if there is any possibility of so doing, and offered his committee's assistance if desired.

Mayor Wright stated he felt that the city had been a little slow in following up this proposed merger and would be happy to have the Welfare Council prepare data and figures to be presented, and that the Council of Ogden City would be glad to call a special meeting so the entire evening could be spent on the subject.

April 2, 1955

The Child Culture Club forwarded resolution urging the City and County to join in this health unit.

The signers were advised by the Recorder that the matter was under study by the Council.

April 7, 1955

Mrs. John Lewis, President of the district Federation of Women's Clubs and temporary Chairman of the discussion and promotion of the City-County Health Merger, presented the following letter:

"Three weeks ago, a meeting was held by the Civic Clubs of Ogden in the Municipal Building, and guest speaker at that meeting was Dr. O. W. Young who used for his topic "Merging of the County and City Health Departments. "

At the conclusion of his program, help and support was sought for this project. The President of the Federation of Women's Clubs was requested to serve as chairman of this temporary committee, which is to include a representative from several civic groups, and all of the physicians who have previously worked on this program--the purpose, to intelligently discuss correlated material.

We are now requesting an appointment at an early date with the City Council, when Dr. Young, Dr. Peterson, Dr. Lund, Dr. Morrell and the appointed citizens group may discuss the problem.

It is not the intention of this group to assume any credit for the tremendous amount of time and energy of many people who have been interested in it over a period of many years.

The Federated Clubs have also been interested in Health Projects as you may recall, and on August 18, 1954, a resolution was sent to the Council supporting this project.

We hope we may have the privilege of meeting you. "

(Signed) Bertha (Mrs. John) Lewis, President of Ogden District Federation of Womens Clubs--and Temporary Chairman by election for discussion and promotion of the City-County Health Program.

April 12, 1955

Letter written by Recorder to Mrs. Lewis in reply to the letter:

Dear Mrs. Lewis:

Your letter was presented to the Council Thursday evening and I am authorized to advise that this matter is now being studied by both the City and the County and the two attorneys are attempting to work out a tentative agreement. As soon as the Council has something tangible to present, they will be happy to meet with your group.

Your interest is greatly appreciated and do hope you will stand by until the matter can be tentatively worked out for presentation.

(Signed) Elizabeth M. Tillotson, City Recorder.

June 16, 1955

Resolution of 20-30 Club on combined Ogden City-County Merger:

The following resolution was submitted by the above Club:

"WHEREAS, Ogden City, a municipal corporation, and Weber County, a political sub-division, of the State of Utah, each having and maintaining a health department, and

WHEREAS, there is an over-lapping and duplication of the services offered and rendered by the above mentioned departments of health, and

- a. A full-time combined health department would better serve the people through the elimination of duplications.
- b. Would more effectively coordinate all health programs
- c. Would provide the same sanitary protection for the inhabitants of the County that is provided for the City
- d. Would make it possible to more effectively control communicable diseases in Ogden City and Weber County.

Therefore, be it resolved that the 20-30 Club of Ogden, Utah, go on record of favoring a unified, combined Ogden City-Weber County Health Department.

Be it further resolved that a copy of this resolution be furnished the Honorable City Council of Ogden City and that a copy be furnished the Honorable County Commission of Weber County, Utah.

Dated this 2nd day of June, 1955.

(Signed) 20-30 Club by David B. Vogeler, President

July 7, 1955

Dr. O. W. Young was present and wanted to know what had been done about the health merger, and when the Council would meet as agreed for a full evening of discussion on the matter.

Mayor Wright advised that no decision had been made, but if Dr. Young would call him on the phone sometime soon, they would call a meeting and have a hearing on the matter.

July 21, 1955

The Kiwanis Club recommends Joint-City-County Health Department.

The following letter was received from the Ogden Kiwanis Club:

"No doubt you are aware of the attempts that have been made in the past years on the part of civic minded citizens and committees to establish a combined, unified city and county health department. This effort extends back over a period of 20 or 25 years, and during that time the effort in this behalf has waxed and waned. However, during the past year or two, the tempo of this effort has increased as more and more groups have taken an interest in this problem.

The members of the Kiwanis Club of Ogden, being citizens of Weber County and taxpayers, feel that a combination of the Ogden City and Weber County Health Departments would mean a better coordinated health unit and eliminate much needless duplication. It is felt that this would be particularly true if this department were under the direction of a well-trained, full-time health commissioner. You are all aware, of course, that the City Charter calls for such a full-time Health Commissioner as far as the City is concerned. In view of this, the Kiwanis Club of Ogden is hereby put on record as favoring a unified, combined, Ogden City-Weber County Health Department under the direction of a full-time, well trained Health Commissioner.

The advantage which such a combined group would bring need not be enumerated here, but will undoubtedly come up for further discussion as this problem is considered by the City Council and the County Commissioners.

We would emphasize also that we are in no way condemning the present organizational set-up as it has been run and is being run, for we are convinced that they have done and are doing a commendable job as efficiently as possible under the existing organizational plan. This action is only being taken because it is felt that a better job would be done under a unified department with a trained Commissioner.

For the Kiwanis Club of Ogden - (Signed) C. B. Squires, President and Arnold J. Abel, Secretary.

Motion that the Recorder write to the Kiwanis Club and advise that this matter is now under study by the Council. (The attorneys of both City and County are now studying a draft of the matter.)

August 18, 1955

Dr. O. W. Young, 1450 27th Street, was present to remind the Council that they had promised to hold a meeting on the proposed City-County Health Merger.

It was decided to hold a meeting as a Committee of the whole, September 8, 1955 at 5:00 p.m. and Dr. Young agreed to bring in a report of the findings of his committee.

No motion.

September 8, 1955

City met as a Committee of the whole, on this proposed project, with Dr. Orson W. Young and a few interested citizens to discuss the possibility of having a joint City-County Health Department.

Those present were:

Representing

Laurence Burton	Weber College Faculty Association
Mae E. Cathers	Senior Citizens Committee
Mrs. C. J. Monson	Weber Council, P. T. A.
Mrs. Shirley Bernard	Ladies of the Guard
Anthony J. Lund, M. D.	Ogden Chamber of Commerce
Mrs. C. J. Anderson	Womens' Civic Clubs
C. S. Stephens	Citizen
Wayne Shreeve	Ogden Jr. Chamber
Mrs. E. R. Earls	Child Culture Club
Mrs. A. D. Gudmundsen	Medical Auxiliary
Addie Sanders	Womens' Legislative Council
Dr. LaMoyne Peterson	Weber County Dental Society
Mrs. A. M. Ball	Weber County-Ogden City Safety Council
Linn Baker	County Plumbing Inspector
Jos. R. Morrell, M. D.	
Mrs. O. V. Evans	Ogden City P. T. A. Council
Mrs. Albert Scowcroft	Junior League of Ogden
Mrs. Boyd Woody	Ogden Jaycettes
Bruce Jenkins	County Assessor
Marcia Core	Womens' League of Voters
D. M. Peterson, M. D.	Medical Society
I. Bruce McQuarrie, M. D.	Weber County Medical Society
Joan C. Douglas	Weber County Dental Auxiliary
Commissioner Lyman Hess	County Commissioner

Dr. Petersen stated at the present time there are three organizations operating as health units, Ogden City, Weber County and the State, all

cooperating, but not coordinating, which is most important. He stated this coordination should be in effect and a full-time Health Commissioner appointed. He cited the duties of the present city and county officials and noted the program did not include child health and public health education. He said he had no criticism of the present officials, but merely stated that they were swamped with duties which did not cover part of the necessary successful operation of an ideal health set-up.

Dr. Lund noted that only a part-time physician is on the job and that he is busy with a venereal clinic, city employees in case of injury, etc. of child health or health education; that there was no one to interpret findings of the statistics--no physician to check and analyze reports on communicable diseases; that we need a full-time, well trained man to oversee all phases of the City and County health departments--that we need to unify for efficiency and eliminate duplication of effort and expense and give equal services to the citizens of both City and County.

Dr. Jos. R. Morrell stated that the complimentary reports from the U. S. Public Health Service have been largely reports on sanitation--that there is not a health department in the State of Utah measuring up to the requirements of the U. S. Public Health Service. That Public Health Education is a matter of great importance now; conditions have changed very materially and the problems are entirely different than they were when the Health Department was first set up. A full-time Director carries on such educational programs as nutrition, obesity, preventive medical education, etc. It was his opinion that a combined health department would be more economical, more efficient and would avoid duplication of effort and could be handled without any great increase in the budget.

Laurence Burton presented figures on a blackboard showing the amount contributed by the City, State and County, and said that according to the

Emerson Studies published in 1945, the expense per capita was \$1.00-- it would now, be about \$1.50 per capita.

<u>Utah State</u>		<u>Ogden City</u>	
State Appropriation	\$ 22,413.00	Appropriation	\$ 81,951.70
Ogden City	11,206.70	To State	<u>-11,206.70</u>
Ogden Schools	11,206.70	Net	\$ 70,745.00
Weber County	5,603.35	<u>Weber County</u>	
Weber County Schools	<u>5,603.35</u>	Appropriation	\$ 7,750.00
	\$ 56,033.10	To State	<u>5,603.35</u>
State	\$ 56,033.10	Net	\$ 2,146.65
City	70,445.00		
County	<u>2,146.65</u>		
Total	\$128,624.75		

Mr. Burton represented Weber County citizens as numbering 87,000, whereas the actual figure is more like 100,000. He figured 87,000 at \$1.50 per capita or \$130,500.00 total necessary for operation of combined unit.

Paul Thatcher, City Attorney, made the observation that Ogden City is now paying 80 to 90 percent of the amount spent. The statement made was that if the combined unit were accomplished, the State would continue to contribute the same amount that they do now and Mr. Thatcher said the Constitution prohibits the State from using State raised funds for Municipal purposes.

Dr. Bruce McQuarrie stated it was a combined effort which succeeded in getting the sewage disposal plant--and he thought much more could be accomplished by combined efforts in health service; that our sewage disposal at the present time was a disgrace; that the medical profession had passed a resolution several times to merge the health departments, and that Ogden City and Weber County need a full-time health official, but he cannot be obtained for \$7,500.00, the amount of money set up in the 1955

budget. There was some discussion about the Charter, but inasmuch as said Charter provides a full-time Health Director and is set up for a first-class health department, the thought was that Ogden City might have a gentlemen's agreement and sell public services to the county if they so desired.

The Mayor informed the group present that he and other members of the Council were just as interested in the health of the community as those citizens, but recommendations such as have been made take money--further that at the last legislature, a committee was set up to study various phases of the Municipal governments. However, said Mayor Wright, the Council will study the situation further, but that no action could be taken at this time.

File Information

September 15, 1955 the city received a letter from the Dat-So-La-Lee Club urging the city to add their names to the list of endorsers for the joint city-county health merger. Signed by Mrs. F. R. Eckhardt, Mrs. Alfred Stevenson, Mrs. J. W. Brubidge and Mrs. A. D. Kingsford.

Letter ordered filed.

October 6, 1955

City received letter from Ogden Jaycettes signed by Gerry Anderson, Secretary, urging to add their name to the list of endorsers on this project.

Letter ordered filed.

APPENDIX B

EXCERPTS FROM UTAH CODE PERTAINING TO PUBLIC HEALTH

EXCERPTS FROM UTAH CODE PERTAINING TO PUBLIC HEALTH

26-15-7, State Board of Health---Uniform Public Health Program

The State Board of Health shall establish reasonable standards for a uniform public health program throughout the State which shall include continuous service, employment of qualified employees and a basic program of disease control, vital statistics, sanitation, public health nursing, and such other preventive health programs, not inconsistent with law, that may be deemed necessary or desirable for the protection of the public health.¹

26-15-8, State Board of Health---Requirements for Local Health Department

The State Board of Health shall have the power to prescribe by regulation such reasonable requirements for a local health department as it may deem necessary.²

26-15-33, Full-time City Health Departments---Full-Time County Health Departments

The governing body of a city or of any county may create and maintain a full-time health department as hereinafter provided.³

26-15-34, Full-time City-County Health Departments

The governing body of any city may join with the governing body of a county to create and maintain a full-time City-County Health Department.⁴

26-15-35, Full-time District Health Departments

Full-time district health departments--The governing bodies of two or more contiguous counties may unite to create and maintain a full-time district health department. Any cities located within counties comprising a district may be included within the district by agreement between the governing bodies of such cities and the governing bodies of the counties comprising the district.⁵

1. John W. Tranberg, A. B., L. L. B., Editor, Utah Code Annotated, Vol. III, Allen Smith Co., Indianapolis, Indiana, 1955, Supplement p. 91.

2. Ibid., p. 91

3. Ibid., p. 100

4. Ibid.

5. Ibid.

26-15-36, Establishment of Full-time Health Departments --Effect

1. A county, district or city health department may be established by majority vote of the people of the county, district or city, respectively. The question of establishment of such a department shall be submitted to the voters at the next general election following resolution of the governing body or bodies in case of a proposed county or district or city health department, or in any case on petition signed by legal voters equal in number to at least 10 percent of votes cast in such county, district or city for Governor at the next preceding general election at which a governor was elected.⁶

2. The governing body of any county which has established a full-time health department in accordance with this section may join with the governing body or bodies of a county or district which has established a county or district health department in accordance with this section to create and maintain a full-time district health department.

3. On establishment of a department of health under this section all local boards of health and health departments existing within the county or district, as the case may be, shall be abolished.⁷

26-15-38, Jurisdiction of Full-time Health Departments

Any health department established by the governing bodies of the participating jurisdictions in accordance with section 26-15-34 or section 26-15-35 shall have jurisdiction throughout all unincorporated areas of the county or district to maintain a full-time City-County or district health department, provided however that with respect to enforcement of state health laws, regulations and standards, such health department shall have jurisdiction throughout the county, including all incorporated areas except cities having an organized health department with a full-time health officer, which have not joined with

6. Ibid.

7. Ibid., pp. 100-101.

the governing body or bodies of a county or district to maintain a full-time county or district health department.

Any full-time county, district or city health department established by referendum in accordance with section 26-15-36 shall have jurisdiction respectively throughout the county, district or city.⁸

26-15-39, Health Councils--Members--Appointment--Qualifications--Term of Office--Officers--Secretary--Meetings--Traveling and Subsistence Expenses

1. The health council for a county health department established by the governing body under section 26-15-33 shall consist of five members to be appointed by the governing body on a non-partisan basis.

2. The health council for a city-county or district health department established by the governing bodies of participating jurisdictions under section 26-15-34 or section 26-15-35 shall consist of at least five members to be appointed on a non-partisan basis.

3. The health council for a county health department established by referendum under section 26-15-36 shall consist of five members to be appointed by the governing body of such county on a non-partisan basis.

4. The health council for a city health department established by the governing body under section 26-15-36 shall consist of five members to be appointed by the governing body of such city on a non-partisan basis.

5. The health council for a district health department established by referendum under section 26-15-36 shall consist of at least five members to be appointed by the governing bodies of participating counties on a non-partisan basis.⁹

26-15-41, Health Officer--Appointment--Qualifications--Compensation--Powers and Duties--Local Registrar of Vital Statistics--Acting Health Officer

8. Ibid., p. 101.

9. Ibid., p. 101.

The health officer shall be appointed by the health council. The council shall fix the health officers compensation, subject to approval by the governing bodies of participating local jurisdiction, act in an advisory capacity to him, and will determine the general policies to be followed in administration of the health department. The council shall adopt rules, regulations, and standards to carry out the provisions of this act. The health officer shall have the qualifications of training and experience for that office equivalent to those approved by the state department of health for full-time local health officers. The health officer shall be the administrative and executive officer of the department and shall devote full-time to the duties of his office.¹⁰

26-15-43, Personnel of Department--Appointment and Removal--Qualifications
--Compensation

All other personnel of the department shall be appointed by the health officer. They shall have the qualifications of training and experience for their positions equivalent to those approved for comparable positions by the state department of health. Their compensation shall be fixed by the health council. They may be removed by the health officer for cause. A hearing by the health council shall be granted if requested.¹¹

26-15-45, Full-time Health Departments--Costs of Establishment and
Maintenance

1. The cost of establishing and maintaining a city-county or district health department established by the governing bodies of participating jurisdictions over monies available from surpluses, grants and donations may be apportioned among the participating cities and counties on the basis of population, of each participating city and county in proportion to the total population of all cities and counties included within the jurisdiction of the department, or upon other bases agreeable to participating counties and cities.

10. Ibid., p. 103.

11. Ibid., p. 103.

2. The costs of maintaining a county health department established by referendum over monies available from surpluses, grants and donations shall be provided by appropriation by the county commissioners.

3. The costs of maintaining a city health department established by referendum over monies available from surpluses, grants and donations shall be provided by appropriation by the governing body of the city.

4. The costs of maintaining a district health department established by referendum over monies available from surpluses, grants and donations shall be apportioned among the participating counties on the basis of population of each participating county.¹²

26-15-46, Full-time Health Departments -- Funds Provided by Cities or Counties Involved

Cities or counties involved in the establishment and operation of full-time health departments may, through their duly constituted appropriating bodies, provide such funds as may be necessary for the operation and maintenance of such full-time health departments by an appropriation from the general fund or by the levy of a tax, or in part by such an appropriation and in part by such a levy as provided in section 17-5-62, Utah Code Annotated 1953, as amended.¹³

12. Ibid., p. 105.

13. Ibid., p. 105.

APPENDIX C

CONTRACTUAL AGREEMENT FOR MAINTENANCE OF INTEGRATED
WEBER COUNTY - OGDEN CITY PUBLIC HEALTH SERVICE

Agreement for Maintenance of Integrated Weber County, Ogden City Public Health Service¹⁴

THIS AGREEMENT made as of the _____ day of _____, 1955 by and between WEBER COUNTY, a body corporate and politic of the State of Utah, hereinafter called the COUNTY, and OGDEN CITY, a Municipal Corporation of the State of Utah, hereinafter called the CITY.

WITNESSETH:

It is the desire of the parties for the mutual benefit of their inhabitants to establish and maintain an integrated public health service for Ogden City and for the territory in Weber County outside of the corporate limits of said City. For that purpose the parties hereto agree as follows:

1. Ogden City shall during the term hereof provide a full-time public health service for all of the inhabitants of Weber County except for those residing in incorporated cities or towns other than Ogden City and to cause to be performed in the unincorporated areas of Weber County those functions provided by the Statutes of the State of Utah for local health departments.

2. In consideration of the services to be rendered by the City under the terms hereof the County shall pay to the City for each calendar month, monthly in advance, the sum of \$ _____.

3. The service to be furnished by Ogden City under the terms hereof shall be under the immediate direction of the Ogden City Director of Health and under the general management and supervision of the Ogden City Manager. The administrative personnel assigned by the City to perform the public health functions in the unincorporated areas in Weber County under the terms hereof shall be selected on the basis of merit and appointed by the City Manager of Ogden City, all as provided in the Council-Manager Charter of Ogden City.

14. This is a copy of a sample contractual agreement prepared in March 1954 by Paul Thatcher, Ogden City Attorney, for study and use as a basis for agreement between Ogden City and Weber County. County officials object to the City occupying a controlling position.

4. Upon the assignment by the City Manager of any person in the City Health Department to perform functions in connection with the public health service herein provided for in the unincorporated areas of Weber County the Ogden City Manager shall in writing notify the Board of Weber County Commissioners of such assignment. The Board of County Commissioners immediately upon receipt of such notice shall consider the same and if satisfied that the person designated is a suitable person, they shall appoint and issue a certificate of appointment to such person as a county officer in the capacity designated. Said person shall thereupon immediately qualify for such office in the manner provided by law and the Ordinances of the County.

5. In the event the Board of County Commissioners shall not be satisfied with the qualifications of the person or persons so assigned and designated to perform functions in the public health service in Weber County, it shall advise the Ogden City Manager of that fact and the County Commissioners and the City Manager shall thereupon consult with each other with respect to the same, and thereupon if the County Commissioners are not then so satisfied as to the qualifications of the person so designated, the City Manager shall either assign another person in the City Health Department in similar manner to perform such functions and submit his name for appointment as a county officer as aforesaid by the Board of County Commissioners, or if it appears impractical to assign another person in the City Health Department to perform such functions, he shall report the circumstances to the Council of Ogden City and the said Council may thereupon immediately terminate this agreement by resolution and by causing written notice of such termination to be given to the Board of County Commissioners and thereupon a suitable adjustment shall be made in any compensation theretofore paid to Ogden City in advance for public health services to be rendered under the terms hereof.

6. In addition to the public health services to be provided by Ogden City in compliance with the Statutes of the State of Utah relating to local departments of public health, Ogden City shall from time to time submit to the Board of County Commissioners of Weber County recommendations with respect to the proper improvement of the public health service in the unincorporated areas of Weber County and recommendations as to ordinances necessary or desirable to be adopted by Weber County to implement and make effective adequate public health service and program in Weber County. The Board of County Commissioners shall give prompt and sympathetic consideration to all such recommendations.

7. The City and the County shall maintain a joint board of health to consist of the Ogden City Health Advisory Board appointed under the provisions of the Council-Manager Charter of Ogden City and a health council for Weber County appointed as provided in Article 3, Chapter 15, Title 26, Utah Code Annotated 1953. The City and the County respectively shall cause their representatives on the joint board of health to consider and act upon all problems in which the inhabitants of the City and of the unincorporated areas of Weber County have any joint or mutual interest for the greatest benefit of all concerned and to act in accordance with the principle that problems of public health in any area or governmental unit are of common concern to the inhabitants of all areas and governmental units in the vicinity.

8. It is specifically provided, however, that the acts of the board of health aforesaid with respect to matters within the exclusive jurisdiction of Ogden City shall have only such effect as is provided for the health advisory board of Ogden City and the jurisdiction of the board shall be limited in such matters as is the jurisdiction of said health advisory board of Ogden City and similarly in matters within the exclusive jurisdiction of Weber County the jurisdiction of said board shall be the jurisdiction provided by the Statutes of

Utah for local health councils and such action shall have only the effect provided for such action by such Statutes. In all cases no action with respect to a matter within the exclusive legal jurisdiction of either party shall be effective unless it is concurred in by a majority of the members of the board appointed by the party having such exclusive jurisdiction over such matter.

9. In making appointments to the County Department of Public Health, in accordance with the principle stated in Paragraph 7 hereof, the Board of County Commissioners shall give sympathetic consideration to the appointment of two or more members of the Ogden City Health Advisory Board to the Weber County Council so that the joint board shall be an interlocking board and members appointed by both governmental units shall have official responsibility to both.

10. The term of this agreement shall begin on the _____ day of _____, 1955, and shall continue for one calendar quarter thereafter, PROVIDED, HOWEVER, that the term hereof shall be automatically renewed for like successive terms of one calendar quarter each unless terminated absolutely at the end of any such quarter by written notice of termination given by either party to the other at least two (2) weeks prior to the date of the expiration of the current term.

IN WITNESS WHEREOF, the parties have caused their respective names to be hereunto subscribed by their respective officers thereunto duly authorized as of the day and year first above written.

Attest:

County Clerk

Attest:

City Recorder

Weber County

By _____

Chairman of the Board of
Commissioners

Ogden City

By _____

City Manager

APPENDIX D

**OPINION ON LEGALITY OF CONSOLIDATING OGDEN
CITY AND WEBER COUNTY HEALTH DEPARTMENTS**

OPINION ON LEGALITY OF CONSOLIDATING OGDEN CITY AND
WEBER COUNTY HEALTH DEPARTMENTS

October 30, 1952

TO: E. J. Allison, City Manager
Ogden, Utah

SUBJECT: Legality of combined Ogden City-Weber County Health Department

Under date of March 18, 1952 my office wrote you an opinion on the above subject. This will reiterate and to some extent amplify the opinion given you at that time.

It is the opinion of the Department of Law that under the Council-Manager Charter of Ogden City and under present combined Ogden City-Weber County department of health regulations, a consolidation is impossible. The reason for this opinion is that the present state law regarding city-county health departments is so different from the charter provisions for the Ogden City Department of Health that it would be impossible to create a combined board of health which would comply with the provisions of both the state law and the city charter. A partial comparison of the state (Section 35-3a-1-23 inclusive, Utah Code Annotated, amended 1945) and city (Council-Manager Charter, Article VIII) laws follows:

	<u>State</u>	<u>City</u>
1. Number of members of Board	Seven (City-County board)	Three or more
2. Appointment of members of Board of Health	Appointed by legislative bodies of city and county	Appointed by City Manager
3. Term of office	Not more than five years	Three years
4. Qualifications	One member must be physician	-----
5. Appointment of Health Officer	By Board of Health	By City Manager

6. Qualifications of Health Officer	"As prescribed by State Merit System"	Physician, licensed to practice in Utah; one year public health
7. Selection of other personnel of Health Department	Appointment by Board	By Health Officer
8. Powers and duties of Board	"The policy forming branch"	"Advisory only, and then only on matters referred to it by the Health Officer"
9. Powers and duties of Health Officers	"Executive of board"	"Manager of department" Administer the health laws of state and city

It appears to me the State statute and City charter are irreconcilable on Items 5, 7, 8, and 9.

Those differences are substantial and relate to very important matters, and either the state law will have to be changed to conform with the charter or the charter changed to conform with the state law to allow for a legal joint board.

You will observe that the foregoing opinion is based upon the incompatibility of the provisions of the charter a department of health. There remains the fundamental question as to whether or not the city has the right under the charter to participate in a joint department of health under any form of organization. It is my opinion that the city does have the power so to participate provided either the state statute or the charter are so modified as to permit the forming of a joint organization which will satisfy the provisions of both basic laws.

Under Section 1-3 of the charter it is provided that "The city shall have and may exercise all the powers granted to municipal corporations and to cities by the constitution and general laws of this state." It is further

provided by the charter that "it is intended that the city shall have and may exercise all powers which, under the constitution of this state, and the general law, it would be competent for this charter specifically to enumerate."

Under the constitution and general laws of the state, it is competent for a city to form a joint department of health with other governmental units. I conclude, therefore, that the city has the basic power necessary to participate in a joint department and that the existing barriers pertain only to the prescribed form of organization.

These legal barriers can be removed in one of two ways:

FIRST: The state law may be so amended by the legislature as to authorize a joint department of health with a form of organization which is compatible with the requirements of the charter;

SECOND: The charter may be amended by a vote of the electors of Ogden City, as prescribed by law, so as to provide a form of city department of health which is compatible with the requirements of the present state law.

If any effort is to be made to clear away the existing barriers, it is my belief that the easier method would be the amendment of the state law as this can be done at the coming session of the state legislature and is a relatively simple procedure. To amend the charter would require a municipal election and the procedure is both slow and expensive.

In conclusion, it is my opinion that the city can participate with Weber County in a joint health department, if, and only if the state statute is amended so that the organization of the joint department will conform to the requirements of the city charter.

If I can assist you further please advise me.

Yours very truly,

Paul Thatcher
Corporation Counsel

APPENDIX E
ARTICLE VIII OF OGDEN CITY CHARTER PERTAINING
TO DEPARTMENT OF HEALTH

OGDEN CITY CHARTER, ARTICLE VIII

DEPARTMENT OF HEALTH

Department of Public Health

Section 8 - 1. There is hereby created a department of public health of Ogden City with all the powers, rights, authority, and prerogatives conferred and responsibilities imposed upon municipalities or other local authorities by the laws of the State of Utah.

Organization

Section 8 - 2. (1) The department shall maintain the necessary personnel to carry on standard public health work. There shall be at least one sanitarian, a supervising nurse, and a laboratory technician. In addition, there shall be employed a sufficient number of public health nurses and other employees to meet the needs of the department.

- a. Vital statistics
- b. Sanitation and food control
- c. Communicable disease control
- d. Maternal and child health
- e. Laboratory service
- f. Health instruction and education

and such other divisions as the council may deem necessary from time to time.

Board of Health

Section 8 - 3. There shall be a board of health consisting of three or more members who shall be appointed by the city manager who shall designate one as chairman. Members of the board shall serve for a term of three years except that of the members first appointed one shall be appointed to

serve for one year and one shall be appointed for two years.

Vacancies in an unexpired term shall be filled by the city manager by appointment for the remainder of the term. A member of the board may be removed by the manager for cause and after being given a written statement of the charges against him and a public hearing thereon if he so requests. A certified copy of the charter and a transcript of the record shall be filed with the city recorder.

The functions of the board of health shall be advisory only, assisting the director in all matters referred by him.

Board members shall serve without compensation.

Qualification of the Director

Section 8 - 4. The director shall be a qualified physician, a graduate of an accredited medical school, and licensed to practice in the State of Utah. He shall have had at least one year's training in an accredited school of Public Health, or the equivalent in practical public health work under capable supervision.

Duties of the Director

Section 8 - 5. The director shall be the manager of the department, and responsible for all its technical and financial affairs. He shall administer the health laws of the state, and such health provision as shall be enacted under authority of this charter.

General Powers of the Health Department

Section 8 - 6. The department of health is hereby clothed with authority to deal with all health matters pertaining to the city such as usually come under its jurisdiction in standard public health work.

Examinations and Control of Food Handlers

Section 8 - 7. The director is hereby empowered to compel physical

examination of all persons handling foods for sale or distribution to the public and shall have the power to exclude all persons deemed unsafe, in the handling of such commodities from such employment. He shall also have power to enforce the installation and maintenance of adequate and convenient sanitary wash and toilet facilities for the use of all persons handling such commodities.

Records and Statistics

Section 8 - 8. The director shall be responsible for all records, reports, inspections, installations, for the preparation and administration of the department budget, collection and deposit of fees, and all other activities of the department.

APPENDIX F

A RESOLUTION ADOPTED JUNE 10, 1942 BY THE HOUSE OF
DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION

A Resolution Adopted June 10, 1942 by the House of Delegates of the
American Medical Association as Follows:

WHEREAS, major inadequacy in the civilian health protection in war as well as in peace exists consequent upon the failure of many states and of not less than half the counties in the states to provide even minimum necessary sanitation and other preventative services for health by full-time, professionally trained medical and auxiliary personnel on a merit system basis, supported by adequate tax funds from local and state, and where necessary from federal sources:

Therefore, be it resolved:

That the Trustees of the American Medical Association be urged to use all appropriate resources and influences of the Association to the end that at the earliest possible date complete coverage of the nations area and population by local, county, district, or regional full-time modern health services be achieved.

APPENDIX G
A RESOLUTION ADOPTED OCTOBER 29, 1942 BY
THE GOVERNING COUNCIL OF THE AMERICAN
PUBLIC HEALTH ASSOCIATION

A Resolution Adopted October 29, 1942 by the Governing Council of the American Public Health Association as Follows:

WHEREAS, the immediate emergencies of war and the continuing necessities of a nation at peace require health protection for all within our boundaries, and whereas, the most effective state and national health services can be provided only when all communities have accepted the responsibility of applying the science and art of preventative medicine as a permanent function of local, civil, government:

Therefore, be it resolved:

That all practical measures be taken by the officers, the Executive Board and the Governing Council of the American Public Health Association to promote the creation and adequate support of health services by local government throughout the United States and Canada, to the end that no community of our people shall be left without the public care which can best be supplied through full-time trained medical officers of health with sufficient numbers of qualified assistant personnel;

And be it further resolved;

That collaboration with other professional, official and voluntary organizations be sought to obtain total coverage of the nation by local health units at the earliest practicable date.