Plus ça Change at Harvard Public Health?

The controversial dean of the public health school retired in June, leaving his title to a sympathetic faculty member, Harvey Fineberg

Boston. Howard Hiatt retired as dean of the Harvard School of Public Health this June, ending a highly visible and sometimes stormy tenure that lasted 12 years. Perhaps most widely known for his warnings about what he called the "final epidemic" of nuclear war, Hiatt began his exhortations against the weapons race in 1980 when he volunteered to fill a vacant spot on a list of speakers at a meeting on arms control. Before then he had not focused on the subject; since then, he has focused on it intensely, writing one book and now planning a second.

Within his own community Hiatt has tried to broaden the domain of public health education, encouraging people at the school to dig into complex political and economic issues and to reach beyond traditional concerns of epidemiology and inoculation. The results have provoked debate, even rancor, within the university and elsewhere.

Howard Hiatt

The retiring dean of the public health school says he is alarmed by the "collective acceptance" of the notion that the nuclear weapons race is unstoppable.

Hiatt, now 58, will be succeeded by a protégé on the faculty, 38-year-old professor of health policy and management, Harvey Fineberg. By all accounts, Fineberg's style is less showy and less likely to ruffle feathers. But at the same time he seems ready to strike the same themes as Hiatt—stressing the need to broaden the public health professions, favoring public control of medical technology, advocating the most cost-effective ways of spending health care dollars, and involving the school in the political and economic issues of the day.

Several recent projects at the school illustrate the kind of work Hiatt encouraged and point the direction in which Fineberg is likely to move. All three cases made headlines, two in the national press.

On 23 May, for example, the school held a symposium at which a faculty member in political science, Penny Feldman, revealed that cutbacks in aid for health care may have caused an increase in infant deaths. Data collected at five Boston health centers, according to Feldman, show that after declining 15 percent in 1980, the rate of infant mortality increased 46 percent in 1981–1982, a period when federal and state officials were cutting welfare eligibility. Massachusetts officials are preparing a response.

Another case involves an epidemiological study carried out jointly by citizens of Woburn, Massachusetts, and the school's biostatistics department. The study linked toxic contamination of well water with birth defects, miscarriages, and childhood leukemia. Written by three members of the biostatistics department, including chairman Marvin Zelen, it instantly drew attention when it was released in February. It was unique in its scale and in the degree of academic-community collaboration. Neighborhood volunteers collected health and life style information from 6000 families. The authors see it as the most credible evidence yet produced for linking a toxic dump with widespread health effects. It was cited in the recent congressional debate on reauthorizing the "Superfund" for cleaning up toxic wastes.

Fineberg himself chaired another report-writing panel, this one sponsored in 1983 by the state of Massachusetts to help decide what should be done about surgeons wishing to start liver transplant programs. This is an emotionally charged issue, for only the best-insured patients can afford the $150,000 operation. Each time the operation is performed it draws resources away from other, possibly more cost-effective types of health care.

The Fineberg group concluded that Massachusetts should permit such operations to begin but only in a controlled fashion at hospitals meeting a rigorous set of standards. Three of these conditions, for example, are that hospitals must show a "willingness to control institutional costs associated with liver transplantation," that they promise not to exceed overall budget limits set by a 1982 state law, and that they collect information on how the operation affects the patient's quality of life. Massachusetts and local insurance officials are now locked in a struggle with the hospitals over the implementation of these guidelines.

Thus, the Harvard School of Public Health is not unused to controversy, but most of it seems to focus on outside issues now, which was not the case 6 years ago when the faculty was in revolt. In 1978 a group of disgruntled professors, including half of those with tenure, wrote to Harvard president Derek Bok asking that Hiatt be dismissed. The dean had been in office since 1972 but had just recently begun to make major changes.

The list of accusations was long and impressive. But, at its heart, the complaint was that Hiatt had run roughshod over the traditionalists and promoted what they saw as fuzzy policy and social science courses at the expense of basic scientific research and practical training courses. One member of the renegade group recently said that salaries were an issue, too, because Hiatt's new people seemed to be getting better pay than those who had been around for many years. Some simply did not like Hiatt's manner, which they described as arrogant.

After considering all the charges and meeting with the dissidents, Bok turned down their request. He had chosen Hiatt as dean himself, and late in the summer of 1978 he reiterated his support. Some

changes were made to mollify the unhappy faculty members, and a few unmollified ones left to find new jobs. Hiatt also made a number of strong appointments to the faculty in the basic sciences. Since then, the bad feelings have died away or gone underground.

With Hiatt's retirement, the residual anxieties from that episode are likely to fade out. Hiatt himself intends to take a year to work on an autobiographical account of his antiweapons campaign. He is particularly scared, he says, by the impression that there is a growing "collective acceptance" of the weapons race and of the likelihood of a nuclear exchange. The economic and health effects of heavy military spending are already measurable, he says, citing Feldman's work. In the coming months, Hiatt will lecture on these topics in Europe and work as a fellow at the Institute of Medicine in Washington. In 1985 he will return to Harvard, joining the staff of the Brigham and Women's Hospital in Boston.

His successor, Fineberg, is a hothouse Harvard scholar, who received a degree in psychology from the college in 1967, an M.D. and masters degree from the medical school and Kennedy school of government in 1972, and a Ph.D. from the Kennedy school in 1980. His most widely read work is a book written jointly with Harvard government professor Richard Neustadt on the panicky federal response to an expected (but never-to-appear) swine flu epidemic.

Fineberg was Harvard's strongest candidate but not its first choice for the deanship, which was offered first to William Foege, former director of the U.S. Centers for Disease Control in Atlanta. But Foege apparently was not interested in a new administrative post nor in relocating to New England.

Fineberg is an advocate of many of the changes Hiatt began and also a pragmatist. The early signs are that the faculty—including at least one dissident from the old days—is ready to accept him. Fineberg's style may be soothing to those who recall Hiatt's first days, when, in the words of one faculty member, "we were told we were all second-rate," though Hiatt would contest this way of putting it. When Fineberg talks about plans for the future, his phrases are balanced, scrupulously general, and institutional almost to a fault.

"I'm still in the process of learning about this place," says Fineberg, now in his eleventh year there. He came to the faculty, he says, because he was attracted by Hiatt's vision of the school as a place for teaching strategy and policy analysis, not just for "training people as functionaries to make certain that some standard is maintained." As he describes it, the goal is to "prepare leaders," people who will experience the "front line" of clinical therapy and hospital management but who also will convert their experience into "improved policies" and bring about institutional change.

He mentions a few things he would emphasize: "I would like to see more *coherent* multidisciplinary research on complex public health problems" such as liver transplantation and the regulation of costly technologies. One of Hiatt's goals was to have economists, statisticians, toxicologists, biologists, and experts in law and government working in concert on knotty issues. While the school does serve as an umbrella for all of these disciplines, and while many cross-disciplinary offices have been set up, inertia tends to pull specialists back into parochial concerns.

Harvey Fineberg

The new dean brings expertise in psychology, medicine, political, and decision sciences.

Fineberg continues: "I would like to see us do more in looking at the whole gamut of policy implications of the recent scientific breakthroughs in AIDS research, for example. . . . In our department of tropical public health, I'd like to see us work more concertedly on addressing a problem like malaria from a policy perspective." He would like to strengthen the basic educational programs, which he describes as "good" but potentially "spectacular."

New programs, Fineberg agrees, will have to be financed through new grants or fund raising. One in which he has expressed an interest is a "Program in Public Understanding of Science and Health Policy," proposed by Hiatt's public information chief, Jay Winsten and by statistician Frederick Mosteller. The new program would be aimed particularly at journalists, with the idea that reporting on health issues today could stand some improvement. The school would hold the requisite seminars and conferences, and perhaps publish a health policy newsletter itself.

Under Hiatt, the endowment kept pace with most other schools in the university, just about doubling in 12 years. Only the Harvard Business School did remarkably better, tripling its endowment in the same period. However, the endowment of the School of Public Health provides only about 11 percent of the school's income (up from 9 percent when Hiatt arrived). Most of this money is tied by bequests to specific departments or chairs. This allows a dean little room to maneuver.

According to one of his fellow deans, Hiatt is an innovator who had interesting ideas and then raised money to carry them out, but he was not as good at cultivating potential donors year in and year out in the hope that the school one day would benefit.

Thus, the school depends on federal (mainly National Institutes of Health) research grants and private foundations for 81 percent of its income. Hiatt has made one recent and sizable addition to the permanent budget, installing the Takemi Program in International Health, named after the president of the Japan Medical Association and financed with an initial gift of $1.7 million from Japanese pharmaceutical companies. It will support a professor and seven fellows interested in problems of health resource allocation, with emphasis on the Third World.

Fineberg is expected to do more to build the endowment, says the academic dean, Elkan Blout. But the business dean, Howard Levy, says that a problem-solving institution such as this will always have to depend for much of its income on research grants.

The only disappointment in the last few years, according to one observer, has more to do with the school's potential than its actual performance. As John Evans, a leader in Canadian public health education and former president of the University of Toronto says: "We have come to expect of Harvard not an A but a super A," and the public health school "still has that challenge" before it.—**ELIOT MARSHALL**