

DuVal: Giving the Job of "Top Doctor" Some Substance

Merlin K. DuVal is frequently referred to as the nation's top doctor. The appellation goes with his job as assistant secretary for health and scientific affairs in the Department of Health, Education, and Welfare (HEW). The power that it implies does not—yet.

The position of assistant secretary, first created in 1967 as part of a reorganization of HEW, has been an awkward one. Government health officials have been hard pressed to explain precisely what the assistant secretary does, and DuVal himself admits that, when he assumed the office a little more than a year ago, he had the feeling he was taking a nonjob. "For the first 6 months, it seemed that, if I never bothered to get up and come to work in the morning, it wouldn't have mattered," he once said. But DuVal did show up for work. Indeed, he has a reputation of being one of the hardest working men in the department, and, gradually, he is giving his nonjob some substance.

"I came to Washington to help the Secretary [Elliot Richardson] reshape HEW," DuVal says. "He brought me in to get the top health office in order." And that is just what DuVal, who calls himself an "administrative type," is trying to do, although it is an uphill battle (*Science*, 11 June 1971).

DuVal believes that one of the problems of the health business is lack of leadership. There is no person and no office that is clearly at the top of the pyramid, no one with broad responsibility for coordinating the nation's efforts to improve the health system. DuVal would like to see the assistant secretary fill that void, but the chances of that ever happening are remote, according to many administrators who maintain that health problems are too vast to be coordinated in any one office.

At present the assistant secretary, at best, is responsible for a very small piece of the action. Agencies concerned with health policy are scattered all over Washington. John A. D. Cooper, president of the Association of American Medical Colleges (AAMC), has pointed out that even within the federal government, health policy is developed by 24 different departments

and agencies. Of DuVal he says, "The top health officer, the assistant secretary of health and scientific affairs, has control over less than one-fourth of his own department's health budget and less than one-sixth of the federal outlays for health. Before DuVal assumed this post, the assistant secretary had little or no direct authority and responsibility for policy and programs in the department. He has made tremendous strides in getting more power for the office in the short time he has held the job."

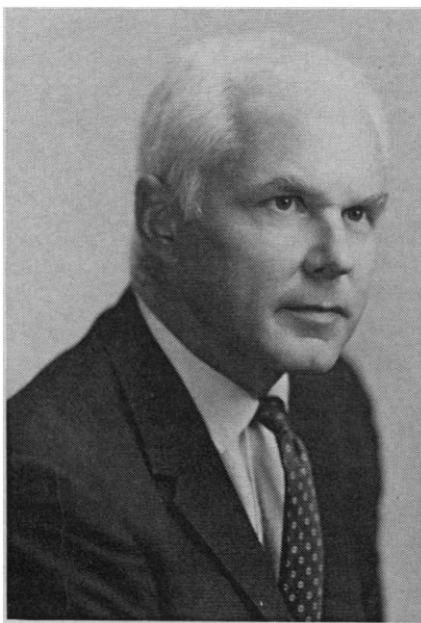
DuVal, under current bureaucratic structure, is responsible for the National Institutes of Health (NIH), the Food and Drug Administration (FDA), and the Health Services and Mental Health Administration (HSMHA), a sprawling organization that insiders are fond of calling "50 percent of the H in HEW." Although his predecessors in the job, Philip R. Lee and Roger O. Egeberg, broadly had similar responsibility, DuVal says he is making an active effort to "run" those three powerful and independent agencies in a way they never did. There are advantages and disadvantages to his approach, according to his colleagues, the three men who head those agencies: Robert Q. Marston

(NIH), Charles Edwards (FDA), and Vernon Wilson (HSMHA) and their staffs.

The first person to fill the position of assistant secretary was Lee, who had been on the staff of HEW when the job was created under Secretary John Gardner. After about 2 years in office, during which he is said to have operated very much as a problem solver, Lee resigned, leaving the post open for an appointee of the newly elected President, Richard Nixon. Then came the much publicized Knowles affair, which left the assistant secretaryship vacant for months while various forces battled over whether John Knowles, director of Massachusetts General Hospital, would get the job. In the end Knowles lost and the position itself became a subject of some controversy. Finally, it went to Egeberg, dean of the University of Southern California Medical School. Egeberg, who is now a special assistant to Richardson in a staff capacity, thinks the assistant secretaryship lacks stature. "When I took the job, I was told the assistant secretary would be the number one doctor. Well, that never happened," he recalls, pointing out, for example, that he had no responsibility for Medicare and Medicaid, two programs that have such a pervasive influence on all health matters. While expanding the scope of the post's influence might be useful, Egeberg thinks that raising its hierarchical level would be helpful too. "In Washington, an assistant secretary just doesn't ring any bells. [The position] should be raised to the level of undersecretary."

In remaking the role of assistant secretary, DuVal is attempting to turn the office into what is known in Washingtonese as a line job rather than a staff job. That is, he wants the assistant secretary to have real and direct responsibility for the agencies under him and not merely to be the person on the Secretary's staff who handles the administrative matters in the area. "I would like to be Richardson's alter ego," he says, adding that one of the pluses of his first year in office is that he has been "slowly successful" in "wooing" Marston, Edwards, and Wilson. DuVal, who is, and wants to be, an extra layer between the agency heads and the Secretary, says they go directly to Richardson far less frequently these days than they used to.

Decisions about budget priorities, assignments of supergrade positions (\$30,000 plus jobs that are few and far between in government) and agency testimony before Congressional com-



Merlin K. DuVal

mittees now are usually cleared through DuVal's office, rather than the Secretary's. And, it was there that the decision to put the new area health education centers program under the NIH's bureau of health manpower rather than the regional medical program was made. (The centers plan to make continuing medical education available on the local level in small communities.) Nevertheless, DuVal reports that along with the successes, there have been some problems with agency heads making "end runs" around his office to Richardson's. Understandably, he does not like it.

There is still a considerable difference between the authority the assistant secretary wields in theory and what he has in fact, a condition that appears to be chronic to the office. Generally, NIH, FDA, and HSMHA officials like and respect DuVal personally and concede that he has infused his job with a measure of substance it never had before. Nevertheless, the assistant secretary is not widely thought to have a great deal of clout. People do not think of DuVal as Richardson's alter ego.

"I don't think anyone can function for Richardson in critical matters," one official says. "DuVal is not an effective substitute, not because he isn't able but because the job lacks the necessary level of authority. His job, as I see it, is to define health and scientific issues for the Secretary."

One impediment to the authority of the assistant secretary is the very limited scope of activities even within the agencies in his charge that actually come under his purview. Both Edwards and Wilson point out that a significant amount of the work done at FDA and HSMHA is completely outside of the assistant secretary's domain. "We deal with a lot of people in HEW besides DuVal," says Wilson, whose agency has scores of responsibilities for health care delivery of various sorts. The FDA often does business outside of the department itself. "We deal more with Agriculture, the Environmental Protection Agency, and the Federal Trade Commission than with HEW," Edwards commented. (There is some interest on Capitol Hill in taking the FDA out of HEW altogether. If this happens, and DuVal thinks it might, "It will stand as one of our failures," he says. "I don't think FDA should go.")

When it comes to major policy decisions, particularly any that would affect other government agencies, plans are cleared through DuVal and, often, Richardson as well. A recent restructur-

ing of HSMHA, which DuVal says was "atrociously organized," is a case in point. HSMHA officials proposed a scheme to structure the agency according to the functions it carries out and devised four distinct divisions. "DuVal was very supportive of our plan," says Wilson, "and was instrumental in helping us get the reorganization through." DuVal counts the reorganization of HSMHA as one of the important successes of his first year in office.

Another, he believes, lies in the caliber of the staff he has recruited. Since its creation, the assistant secretary's office has been plagued by inadequately sized staffs. In principle, the assistant secretary's office is supposed to develop and implement health policy. In practice, according to one NIH official who has observed the way the office operated under all three assistant secretaries, "there were too few troops." Although DuVal is not attempting to build a mighty empire, he has brought in some people who have the respect of officials in the agencies, particularly Scott Fleming, formerly with Kaiser-Permanente, who handles policy development, and Richard Seggel, who is in charge of implementation. Seggel, called an "administrator's administrator" by many former colleagues, used to be at NIH and has served in a number of other government agencies as well.

One of DuVal's primary objectives has been to create a definable job and a capable staff that will survive after he leaves. When he took the job in July 1971, he said he'd be gone by December 1972. Now, he seems willing to push his departure back by a few months but he does not intend to be around Washington very much longer. A surgeon with more than 10 years of experience in administration, DuVal is on leave from the University of Arizona in Tucson where he has been since 1964, developing the school's new College of Medicine. He is expected back at the first of the year as vice president for health-related sciences at the university, but his leave may be extended.

He wants to get the job he now holds nailed down so that he has something real to leave to his successor, someone he thinks should be "more visible" than he has been. Tall, slim, soft-spoken, with conservatively cut white hair, DuVal maintains the low profile so popular with the current Administration. His students used to call him "Mr. Clean." As a personality, he is quite unlike his predecessor, Egeberg, who is bluff and outgoing. Egeberg,

DuVal says, dealt with the public aspects of the job. DuVal has focused on the internal problems and has won praise from his colleagues in the agencies for doing his homework well. "DuVal reads every document that gets to him," said one. "Roger never did."

A year in Washington has left DuVal, whose friends call him Monte, with some very distinct ideas about how things should be run, although he does not expect to see them all take shape. One of the great problems, he says, comes from a proliferation of authorities—pieces of legislation—which Congress is always handing government agencies. DuVal calls it "constipation of government" and says he categorically opposes the passage of any bills that duplicate existing authority. "Every time we get some new authority," he says, "it means we have to set up a new office, hire more staff, find more space. Bureaucracy is choking itself."

Congressional committees, he has learned, come up with new programs in response to various pressures and often fail to take into account whether they are compatible with the agencies that are supposed to make them work. In this vein, DuVal also opposes bills that would create new institutes at NIH, such as institutes of aging, population research, digestive diseases, and others. "I'm a lone voice arguing against a proliferation of institutes," he comments. (His sentiments on the subject are shared by many NIH officials.)

DuVal also contests the idea that many health problems in this country could be solved if only there were a separate department of health, headed by a person with Cabinet rank. Although the post would be attractive, he predicts that, under a separate department, things would not necessarily be markedly more effective than they are now.

He does think, though, that things would work better within HEW if the office of the assistant secretary could become more influential. Thus, he has been laying down new lines of authority and staking out broader territory for the man who holds his job. Certainly, he has not fully achieved his goal. Nevertheless, he has made real headway in giving substance to his nonjob and, by moving carefully and quietly, has managed to function without the controversy and bad publicity that previously surrounded the post. That, in itself, may prove a boon to the future status of his office and to the way in which it is regarded by others.

—BARBARA J. CULLITON

(See page 1030 for Appointments)