

Inability to handle certain kinds of health and welfare problems is attributed in this analysis to the way in which the agencies involved are organized. The relation of the agency to the publics with which it is concerned is also stressed, and the consequences that follow from the analysis are discussed.

AGENCY STRUCTURE AS A MAJOR SOURCE OF HUMAN PROBLEMS IN THE CONDUCT OF PUBLIC HEALTH PROGRAMS

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IN the experience of a fellow anthropologist, who for some years worked as consulting social scientist for an international public health agency in Latin America, at least half the human problems there had their source in the agency. The problem was always seen by the agency's administrators as emanating from the local community. Its people were not accepting the agency's program or were even actively resisting it. Presumably there was some aspect of the community's culture or social condition that was responsible for its resistance, and the social scientist was asked to conduct an investigation to pinpoint it. But my colleague soon found that he had better concentrate as much investigative effort on the agency as on the community, because half the time the actual source of the difficulty was in relationships within the agency itself.²

This reminds us that agencies, too, are made up of people. In the relationship between two human groups, one

group is as likely as the other to be a source of difficulty in their mutual dealings. Public health agencies, apparently, are no exception. But they are charged with responsibility to minimize human problems. The onus is on them and their personnel to be sophisticated enough about these matters so that they are a source of difficulty far less than 50 per cent of the time. Their batting average should be much better than that of the general public.

The staffs of public health agencies are presumably possessed of above average intelligence. Certainly, they are composed of people with considerable experience and sophistication in dealing with delicate human situations. The question arises, therefore, whether there are other factors, quite apart from the quality and experience of their personnel, that tend to make health and other welfare agencies get in their own way in the conduct of their work. I think there are, and that there can be, little appreciable improvement in the way agencies perform until we can find ways to deal with them.

NOTE: This paper incorporates materials from the author's book and from a paper (see reference 1).

Agency Structure

To see what these factors are, we must look at the usual agency structure and the structure of the social situations in which agencies normally operate. The agency itself has a line organization. At one end of the line is a top administrator; at the other end is the agency's operating or field personnel; and in between are one or more intermediate administrators. The agency is surrounded by several distinct publics. There is a sponsoring public, which finances the agency as an instrument for accomplishing certain broad objectives that it—the sponsoring public—deems good. There is a target public, which is the object of the sponsoring public's concern and of the agency's program. These two publics are seldom in fact the same. Finally, there are entailed publics—those additional publics whose interests are liable to be affected by the agency's activities.

The interests of the sponsoring public, the target public, and the several entailed publics rarely, if ever, coincide. The agency's staff is caught in the middle of multiple conflicts of interest among publics with varying degrees of real power to affect the agency's ability to achieve its goals. The financial power of the sponsoring public—and often its legislative power, as well—controls not only the scope of the agency's operations, but its very existence. The power of the target public to grant or withhold cooperation in effect controls whether or not the agency will actually be able to accomplish its welfare mission. According to their powers and channels of influence, the various entailed publics tend to organize as pressure groups in order to influence the general policies supported by the sponsoring public, the manner in which agency personnel actually seek to execute agency policy, or the attitude of the target public toward the agency and its work. To accomplish its mission an agency must

be able to mediate successfully among the several publics in such a way as to get its technical job done in a spirit that does not violate human dignity or trample cherished values. Such mediation obviously calls for great political and social skill.

All of this has profound implications for administrative organization and decision-making procedures within an agency. How well does the usual organizational structure of our welfare agencies permit them to play their mediating role successfully? This question opens a Pandora's box of problems, many more than can be discussed here. Obviously crucial is the problem of mediating between the interests of the target and sponsoring publics, the two publics most directly involved in agency operations. How do customary agency structure and forms of administrative organization affect the mediating process between sponsoring and target publics? With this question in mind, we may briefly consider prevailing theories or philosophies of administration.

The Administrative Process

The administrative process has been characterized as a "cycle which includes the following special activities: (a) decision-making, (b) programming, (c) communicating, (d) controlling, (e) reappraising."³ It is seen in theory and structured in practice as one in which responsibility for these activities is primarily at the top of the administrative hierarchy. That is, the top administrator makes the ultimate decisions, and decisions are made by those below only as he delegates authority downward. If his decisions are to be properly executed, he must translate them into a program of action, and he must communicate this program downward to those who will actually do the work. Since a top administrator is held responsible for the accomplishments of his organization by

the sponsoring public, and since his position as top administrator is subject to the sponsoring public's will, controlling the behavior of subordinates who carry out the program is necessarily one of his major concerns. It is no accident that "the concept of authority has been analyzed at length by students of administration."⁴ Reappraisal, again, is a task of the top administrator. While it depends on communication upward from below, either step by step by way of the administrative chain or more directly by way of studies or inspections that bypass it, reappraisal remains the top administrator's responsibility. Certainly, in the view of administrators and students of administration, the locus of responsibility in an enterprise is seen to be at the top of the administrative hierarchy.⁵

From another point of view, the administrative process has to do with facilitating the accomplishment of some kind of objective in which the activity of a number of persons must be coordinated by someone in a position to observe the total situation. The administrator as coordinator may be seen as a clearing house of information from one worker to another to enable each to adjust his actions to the actions of the other. As facilitator, it is the administrator's duty to supply the workers with the necessary services that they cannot supply for themselves. By this view the administrator coordinates activities, channels information, directs traffic, and services operations, and the locus of ultimate responsibility is with the worker, the operator, who must actually get the job done.

If the former picture of administration represents the manager's view, the second represents that of the operator. The two "theories" of administration follow from the respective responsibilities and concerns of administrators and operators. To the extent that we are charged with responsibility for opera-

tions that we cannot perform ourselves and whose performance we must therefore delegate to others, we are concerned with controlling their behavior, retaining authority over them, and reserving to ourselves the power to make decisions and map strategy. To the extent that we are charged with the responsibility for accomplishing an objective through the direct application of our own knowledge and skills, we are concerned with preventing restrictions on the free exercise of our skills; with maintaining maximum freedom to adjust our tactics to the realities of the immediate situation; with being able to veto strategies that call for unrealistic applications of skill; and with being able to demand such services as are necessary to implement our operational objectives.

The administrator's view of his responsibilities reflects his essentially lay character, the fact that he is liable to some nonprofessional individual or group of individuals as sponsoring public for organizing and directing the efforts of others to accomplish a desired objective. He looks to the stockholders, the electorate, the chief of state, or persons higher in an administrative or bureaucratic hierarchy as the critical judges of what is accomplished—critical because, in our social system, as his sponsors they have the power to reward or punish him. The operator's view of his responsibilities is more technical and professional. He is identified with a craft or profession that has standards of its own. He is concerned with professional integrity. His self-respect and future economic security may depend as much, if not more, on his standing among his fellow technicians as on sanctions to which his administrative employers are able to subject him. The greater the knowledge and skill that the operator commands, the freer he can be of administrative controls and the closer he is likely to come, in managerial eyes, to being a "prima donna."

For operators whose skills permit them to achieve such a degree of autonomy an administrative organization largely functions in a supporting and servicing role. An outstanding example of organizations in which those engaged in operations tend to command the administrative structure, rather than being commanded by it, is presented by hospitals. The relation of staff physicians to hospital administrators comes very close to realizing in practice the operator's or worker's theory of administrative relations. The physicians command the services of the hospital, not the reverse (except in the case of interns and resident physicians, who are still in training, and who significantly are usually young physicians as yet without much standing in their profession). This is a situation that administrators tend to find distasteful. They like to think of operating personnel as their instruments, not as their masters.

Conflict of Interests

The conflict of interests between administrators and operators in our larger enterprises, whether private or public, has been largely resolved in the administrator's favor. In most enterprises, it is the administrator who is held generally responsible for their outcome by a sponsoring public, while the operator is held responsible only for the proper application of his skill to the specific task assigned him. To eliminate the possibility of skilled operators remaining free of administrative authority and controls, administrators have sought to break operations down and reorganize them, so as to eliminate the need for skilled operators as much as possible. By emphasizing programing and other procedural controls, administrators have sought to mold operations to be instruments of their will as much as the nature of the operations will permit.⁶ This has been the case especially where those

engaged in operations do not have people as the objects to which they apply their skills; where there is no target public, as in industry and—except in shooting wars—the army. Automation now brings the administrator's ideal one step closer to fruition, presumably by eliminating operators entirely, leaving no one but the maintenance man between the administrative programmer and the machine. The push-button world may not inappropriately be labeled the administrator's Utopia.

The important thing for us to note in this regard is that prevailing models of administrative organization, and of the decision-making process within it, derive from the vast majority of enterprises in which there is no target public to whom the organization owes a serious responsibility. Responsibility is only to a sponsoring public, to which the top administrator is directly answerable.

There are some kinds of enterprise, however, in which the operator's theory of administration continues to compete with the manager's theory in actual practice. They are enterprises in which a high degree of professional skill is required of the workers, as in organizations concerned with research and development; enterprises in which the workers operate directly on a target public for whose interests the enterprise is responsible, as in hospitals, schools, and the entertainment industries; or enterprises where those engaged in operations have to cope with conditions which are difficult to control technically, to which they must constantly adjust tactics, and in which success or failure is governed as much by factors beyond their control as by their own scientific knowledge or technical skill. Military operations in time of war are a classic example of the last type of situation. Despite the authoritative atmosphere in which army rules and regulations are administered in peacetime, in war field

personnel are necessarily accorded considerable freedom to ignore them in order to deal with the exigencies of combat as effectively as possible.

Public Health Enterprises

Public health enterprises often fulfill all three major conditions in which the operator's view of administration tends to assert itself. Operating personnel must have a high degree of skill and knowledge; they operate directly on target publics to whom they owe major responsibilities. They cannot accomplish their missions without the active cooperation of their target publics, but at the same time have limited control over them, so that gaining and keeping their cooperation requires great flexibility of tactics. At the same time, public health enterprises are supported and maintained by sponsoring publics, to which they are also responsible. This exerts counter-pressures in favor of organizational structure along the lines reflecting the manager's, instead of the operator's, philosophy of administration. The top administrator, removed from the actual scene of operations and out of touch with the target public, has to answer to the sponsoring public and is under pressure to judge operations from the point of view of that public and to favor decisions accordingly. The operator, having little direct contact with the sponsoring public, has to answer to representatives of the target public daily and is most sensitive to his agency's mission and responsibilities as they relate to the target public. He tends to identify with the target public and to favor decisions accordingly. Thus, the almost inevitable differences of viewpoint and interest between the sponsors who establish and support an environmental health program and those who are its intended beneficiaries find expression in the relations between administrator and operator, each seeking to convince the other of both the rightness and practical

necessity of his position and each seeking to increase at the other's expense the scope of his decision-making authority. Thus, what is essentially a difference in the interests of the two publics to which the agency is responsible becomes a matter to be negotiated between administrators and operators.

But instead of seeing what is going on and trying to adjust administrative procedures, so as to permit honest negotiation and compromise of the differences between their publics, they tend to see themselves as engaged in a struggle in which one seeks greater control and authority and the other seeks greater "professional" autonomy. The situation has an obvious bearing on attitudes toward organizational loyalty. The administrator and operator may be equally loyal to their organization and equally devoted to its avowed purposes; yet, in their roles as representatives of different publics, each may feel the other to be disloyal. The operator regards the administrator as betraying the target public and the ultimate purpose of the organization, and the administrator sees the operator as disloyal to him personally, to the agency of which he is head, and to the sponsoring public by whose will the agency was created. To perceive legitimate conflicts of interest and social value in terms of loyalty and disloyalty is to becloud the real issues with *ad hominem* irrelevancies.⁷

Obviously related to the situation described here is the conflict between what Simon has called social and organizational values.⁸ His concern was that what is good for the organization or for its immediate objectives may not be in keeping with the general social purposes for which the organization was created by its sponsoring public. It has been my point that public health agencies are faced with a further conflict between two different sets of social values, those of its target, as well as of its sponsoring publics.

There are times when agencies become sufficiently oriented toward their target public as to lose the support of the sponsoring public. This puts the agency out of business. Usually, concern with perpetuating their own agency inclines agency personnel to give primacy to the interests of the sponsoring public when they conflict with those of the target public. The power of administrators to withhold support or to transfer an operator to another assignment also gives to administrators a preponderance of trump cards in any disagreements with operating personnel. In so far as these disagreements arise from a conflict of interest between the sponsoring and target publics, the interests of the target public tend to be sacrificed along with the welfare objectives of the agency.

The situation is analogous to one that would obtain if psychiatrists in the United States were employees of an organization established and maintained by funds appropriated annually by, say, the Japanese government, or made available by the Japanese people through subscription. The administrators of this fund would want to be able to determine the kind and extent of psychiatric treatment patients would receive. In so far as they see themselves as primarily responsible to the sponsoring public, their dictation would be geared not so much to the needs of psychiatric patients in the United States as understood by the psychiatrists, but to what the Japanese consider their own best interests. The point is not that the Japanese sponsors should have their interests ignored, but that for the patients' needs consistently to be sacrificed in every instance where they fail to fit in with these interests would be to negate the purpose for which the Japanese sponsor ostensibly established the psychiatric program in the first place. The situation is not different if we substitute our own national and state legislatures for the Japanese government in this hypothetical example.

To the extent that their careers are controlled by administrators, moreover, operators are placed in a difficult conflict situation. They are closer to the target public and can more easily identify with it and understand its problems. But if the only avenue to promotion and career is up the administrative hierarchy, they are inclined to identify with their superiors and to see things from their superiors' point of view. The conflict of interests becomes an emotional conflict within the operator himself, which he cannot resolve except as he commits himself fully to one or the other set of interests and values. If he commits himself to the target public, he comes into open conflict with his superiors and jeopardizes his effectiveness. If he commits himself the other way, he perforce withdraws from close contact with the target public and takes the callous view of its needs that so often characterizes the lower rungs of our bureaucracies. The result is an unbridged gap between an agency and its target public.

In administering public health programs, we tend to create in practice organizational structures that inevitably produce this kind of result. Accordingly, those responsible for setting up the organization do not go out of their way to guarantee that its operating personnel enjoy sufficient status and autonomy within the organization to make it impossible for administrators to dictate to them the resolutions of the conflicts of interest between their respective publics. I hasten to add that operators should not be in a position to dictate such resolutions to administrators either. Administrators and operators should both have sufficient autonomy, so that such conflicts can be resolved only if both sit down to work out mutually acceptable solutions. This requires a fairly equal division of power and authority between them and their acceptance of one another as colleagues rather than

hierarchical superiors and subordinates. This is how relations are structured between administrators and professors in the better universities. There is no reason why they cannot be so structured in other enterprises.

Compromise—the Keyword

Universities illustrate the problem of reconciling multiple interests very well. Here we have alumni, students, parents, the organized disciplines of which the faculty are representatives, and the university itself as an organization to be fostered and expanded. Universities are able to function because all these interests are explicitly recognized and given an opportunity to influence policy. Where interests conflict, compromises can be worked out. Suppose, however, the faculty alone represented students in the policy and decision-making process while only administrators represented parents. Then every conflict between students and their parents would become an issue between faculty and administration. No university could function well if this were the case. Yet public agencies, operating according to standard theories of administrative organization, often suffer from this kind of situation.

Conclusions

I am suggesting, then, that a major source of difficulty in gaining the cooperation of target publics in the execution of welfare programs is agency structure. An agency's head has his closest associations with its sponsoring public and with some of its entailed publics. He has least close association with the target public. An agency's field staff has closest association with the target public, but has little power within the agency, or incentive, to represent the target public's interests when major deci-

sions are made regarding the agency's programs. The target public—the very public whose interests are supposed to be among the agency's first concerns—is therefore relatively unrepresented in the negotiation of these decisions.

The only practical way in which this situation can be remedied, I am suggesting, is to redefine the position of field personnel within the authority structure of our welfare agencies. To do this requires that field work become increasingly professionalized. Too often field agents are people who occupy low positions in the agency's table of organization with the only possibility for advancement being out of field operations into administration. Our universities would not have much of a professional staff, nor would teaching and research get better than perfunctory treatment, if the only way for a faculty member to have a career was through promotion out of teaching into an administrative job. When good field men can go on as field men and attain ever higher rank, an agency will in time acquire a staff of senior field personnel, with high professional standing and the wisdom of long field experience, who can represent the target public in decision-making councils with authority commensurate with the target public's importance. Any agency that has major responsibility to more than one public cannot concentrate authority and career rewards in a single administrative hierarchy, but must so divide them that the interests of its several publics can be appropriately represented within its organizational structure.

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2. Adams, Richard N. Personal communication.
3. Litchfield, Edward H. "Notes on a General Theory of Administration," *Administrative Sc. Quart.* Vol. 1, p. 12 (June), 1956.

4. Simon, Herbert A. *Administrative Behavior*. New York: Macmillan, 1949, p. 11.
5. See similar comments by Simon, Herbert A. *Op. cit.*, p. 10, on "responsibility."
6. This trend is clearly reflected in labor union organization with the emergence of so-called vertical unions under the old C.I.O. The idea of industry-wide as distinct from craft organization followed the industrial trend of programming operations so as to eliminate the need for skilled personnel as much as possible.
7. How moral considerations prevent understanding and the possibility for realistic appraisal in administration are thoroughly discussed by Alexander Leighton, *Human Relations in a Changing World*. New York: Dutton, 1949, pp. 155-161.
8. Simon, Herbert A. *Op. cit.*, pp. 199-204.

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International Sanitary Regulations Amended

At the May, 1965, meeting of the Eighteenth World Health Assembly in Geneva, certain changes were incorporated in the International Sanitary Regulations which will go into effect in January, 1966.

The International Certificate of Vaccination or Revaccination Against Smallpox will state that an individual has been vaccinated "with a freeze-dried or liquid vaccine certified to fulfill the recommended requirements of the World Health Organization." The present smallpox vaccination certificate may continue to be issued until January, 1967.

The International Certificate of Vaccination or Revaccination Against Yellow Fever will state, "The validity of this certificate will extend for a period of ten years," rather than the six years specified on previous certificates. The present yellow fever vaccination certificates will now be valid for ten years.

Other changes have to do with the disinsection of ships and aircraft. Article 102 of the International Sanitary Regulations now reads:

"1. Every ship or aircraft leaving a local area where transmission of malaria or other mosquito-borne disease is occurring, or where insecticide resistant mosquito vectors of disease are present, shall be disinfected under the control of the health authority as near as possible to the time of its departure but in sufficient time to avoid delaying such departure.

"2. On arrival in an area where malaria or other mosquito-borne disease could develop from imported vectors, the ship or aircraft mentioned in paragraph 1 of this Article may be disinfected if the health authority is not satisfied with the disinsection carried out in accordance with paragraph 1 of this Article or it finds live mosquitos on board.

"3. The States concerned may accept the disinsection in flight of the parts of the aircraft which can be so disinfected."