



Beverlee A. Myers: Power, Virtue, and Womanhood in Public Administration

So few women in American public life have reached positions of significant authority and power that we are only just beginning to think about what sort of story a woman's rise to public leadership might be. Among women the achievement of governmental power is still rare, frank aspiration to its exercise even more so. The idea that full selfhood depends upon virtuous action in public is an ancient maxim but one whose application to women is problematic even today. We cannot recite the narrative of the distinguished-woman-who-governs with anything like the ease with which we can tell the story of the exemplary male public figure, as woman's exercise of power was for so long held to be unacceptable. When female public figures have told about their lives, they have tended to omit ambition, struggle, and accomplishment: they have deprecated their achievements, stressed womanly qualities such as nurtur-

Note: Much of the story of Beverlee Myers's life I have traced from documents that compose the Beverlee A. Myers Papers, housed in the Yale University Library Archives. In addition, I would like to thank Duane Myers, Ruth Knee, Pearl Bierman Hagen, Karl Yordy, William McBeath, Lester Breslow, Richard D. Remington, Shirley Wester, Elizabeth Lyman, and Donald Lyman for their willingness to share with me their memories and interpretations.

ance and intuition, and portrayed themselves as pursued by their causes rather than the other way around (Heilbrun, 1988).

In a fundamental way, then, American women who aspire to virtuous public leadership and to the authority that goes with it have no exemplar. Around the globe several women heads of state, and here in the United States the occasional governor or legislator, offer models of principled attainment if their stories are told fully. But in the case of administrative exemplars, the lacuna is marked. Increasing numbers of women are rising to head federal departments and agencies, and many more have moved into positions of administrative authority on the state and local level. Women in key staff positions are shaping policy development and implementation in crucial ways. But the stories of these women of achievement have yet to be told. Women who aspire to distinguished public administrative careers therefore do not really know what they might become. Many women express the fear that rising to the top of a public agency requires them to "act like a man," as they know of no woman's life in the public sphere that might serve them as a model. Thus there is a great need to tell the exemplary woman's story.

Beverlee Myers's life is such a story. Her career in public service began in a local nonprofit organization, spanned eleven years in federal and eight in state agencies, and was abruptly cut short during service as a public health academic. As a staffer in the U.S. Department of Health, Education and Welfare, she was present at the creation of several of this century's most important federal health programs—including some she was later responsible for implementing in two of our most populous states. She was fired from a job she held soon after graduating from college as a result of refusal to compromise her values; twenty years later, she resigned in protest from her post as head of the nation's largest Medicaid program. During these years, she transformed herself from a person so shy that when required to speak before her fellow graduate students, she had to turn her back to them, to one who spoke fearlessly and effectively before press conferences, television cameras, and huge audiences. She became the first woman and first nonphysician to head the California Department of Health Services. At the time

she died (at age fifty-six), she was—without a doctoral degree—chair of the Department of Health Services Administration at the University of California, Los Angeles (UCLA) School of Public Health. Throughout her career, she was a champion of the needs of the poor and an ardent advocate of social justice. She consciously and deliberately sought power and authority in order to advance the causes she believed in.

The story of Beverlee Myers's life in the public sector is the story of a virtuous woman. We are required, of course, to hear this statement in a new way, for the time-honored meaning of the phrase "virtuous woman"—someone who is faithful to her husband and a good mother to her children—has nothing whatever to do with acting wisely and well before an audience of one's peers. The virtues of women have always been private ones. In telling the story of a woman of public virtue, one must thus wrestle with the handicap of a discourse (the language of public life) historically so masculine that the phrase "public woman" lies entirely outside it, in the realm of obloquy. Beverlee Myers's story, then, both in its living and in its telling, amounts to a different narrative than the one we are used to. Like the other exemplars in this volume, hers is a story that reflects (drawing on David K. Hart's schema) conscious moral work, a coherent moral project, and a number of confrontations in which she risked career and livelihood in order to do the right thing as she saw it. Its narrative, however, portrays a new image—of a woman both public and virtuous—and suggests a new way of thinking about public virtue: one shorn of its cultural masculinity.

I hope to present Beverlee Myers's story in detail sufficient to bring to life an exemplary woman's aspiration to and exercise of public power for the public good. Hers is a persona worthy of general contemplation; however, it also offers particular good news to women resolved to pursue as public administrators the power to make a positive difference but plagued with doubt about how to proceed in a manner that will allow them to remain true to their deepest sense of themselves as women.

Beginnings

Beverlee Ann Reardan was born on October 14, 1930, in Berkeley, California. She was descended from California pioneers: a great-

great-great-uncle was a member of the Donner Party who made it safely over the divide and returned to try to rescue the rest of the party trapped in deep snow. Her maternal grandfather began his working life as an office boy and retired as a vice president of Crocker-Anglo Bank. Beverlee once recounted the story that during the San Francisco earthquake he took all the bank securities home in a wheelbarrow and thus saved them ("Aim: Model Medicaid," Nov. 24, 1973).

Myers's father, Harmon Reardan, was in the floor-covering business; her mother, Helene Reardan, was an elementary school teacher. Her father's employment took the family to Albuquerque when Beverlee was seven and then to Kansas City, Missouri, where she graduated from high school at age sixteen. Among the Beverlee Myers papers are some traces from this early part of her life that suggest the conscious desire to lead a life of commitment, a life of significance. For example, inscribed in youthful handwriting on yellowed index cards are a series of quotations invoking qualities of leadership: "Of the best leaders the people only know that they exist, the next best they love and praise, the next they fear, the next they revile" (Lao Tse). "You must talk facts, you must name names, you must impute motives. . . . If you are not strong enough to face the issue in private life do not dream that you can do anything for public affairs" (John Jay Chapman). "If they give you ruled paper, write the other way" (Juan Ramon Jimenez) (Beverlee A. Myers Papers, hereafter cited as BAM Papers, Box 21).

The recipient of several scholarships, Beverlee attended Washington University in St. Louis, where she received a degree in zoology. There she met Duane Myers, a business administration student, and they were married in 1952. Soon after, Duane was inducted into the army, and the couple moved to Lawton, Oklahoma, where Beverlee got a job with a local dairy, testing the cream content of milk the dairy bought from local farmers. As Myers told it: "They fired me . . . because I refused to lower my cream tests so they could make money. [The tests helped determine how much they paid the farmer.] They said, 'Why don't you fudge it?' I was very idealistic. I wrote to the head of the company" ("Aim: Model Medicaid," Nov. 24, 1973). According to Duane Myers, the injustice hurt Beverlee: "They were questioning her integrity. . . . She went

to the union; they backed her and she got unemployment compensation" (interview, 1989). Beverlee would never again be fired from a job because of her principles; the next time there was this fundamental a challenge to her values, she would resign in protest.

In 1955, Duane and Beverlee moved to New Mexico: first to Albuquerque, where Beverlee did lab tests on astronauts, then to Roswell, where she took a part-time job as executive secretary of the county heart association, her first public health work. When the couple moved again, this time to Santa Fe, Myers became program director for the state heart association. This work brought her into the public eye at both the state and local levels, as she organized and ran meetings, made presentations, and raised money. Then, during one state meeting where she was making a presentation, Myers "froze," as her husband put it (interview, June 20, 1989), before her audience. It was a traumatic experience, one that evidently evoked a profound fear of public speaking that would take her years to conquer.

Because of a lack of funds, the heart association was forced to abolish Myers's job. She decided to get a master's degree and took advantage of federal assistance then available for graduate public health education. She attended the University of Michigan School of Public Health. One of her professors, Avedis Donabedian, had this to say about her as a student: "Beverlee's intellectual brilliance was fully apparent from the start. I feel clearly even today the shock of my joyous recognition of the fact in her first term paper. But she, herself—modest, troubled, timid—seemed totally unaware of her gifts. In class she could not face her audience for shyness, so she . . . bought an artist's sketchbook. . . . With this contraption on a table, she could stand with her back to the class and tell her story, flipping chart after chart before an amused but attentive audience" ("In Tribute to . . .," 1987, p. 884).

Upon her graduation in 1962, apparently upon the strength of her professors' recommendations, Myers was offered a job in the newly created Medical Care Administration Branch of the U.S. Public Health Service (PHS), Department of Health, Education and Welfare; she was to develop methods to coordinate health services in local communities (Myers, letter to Harmon and Helene Rear-dan, May 9, 1962). This was a turning point in her life: the federal

government was on the brink of a quantum leap in health policy activity that was to change the face of the American health system, and Beverlee Myers would be in the thick of it.

Federal Service: Staff to Line

The record suggests that when she went into the federal service Myers's eye was not yet fixed on assuming line authority for the execution of major programmatic responsibilities. But her eleven years in the PHS prepared her for such a role, providing her with hands-on experience in the design of important policy initiatives and a deep understanding of the dynamics of the American health policy system. During this period, Myers developed a theory of how government might be used to make the health care system better at meeting people's needs. She became a major proponent, within the PHS and externally, of the idea that health care financing mechanisms could be shaped deliberately to influence the actual delivery of services, particularly to the poor. Eventually, she decided to seek the line authority that she hoped would give her the power to exert this kind of influence. It became the principal moral project of her life.

Her first supervisor, Pearl Bierman Hagen, remembers Myers as "the best staff person I ever had: I was sure immediately that she could fit in any kind of responsibility we had. She had the kind of mind that could see ahead, see problems and solutions. . . . She always tried to carve out the job to be done, take assignments and find doable ways to handle them. . . . I had to order her to go home" (interview, June 20, 1989).

During these early years, Myers provided staff support for efforts to define the role and function of state health agencies in Medicare, the newly created federal health insurance system for the elderly, and worked with the American Public Health Association on the development of a guide to medical care administration, of which she became the author. In 1969, she was a key staff member for a task force set up to examine Medicaid, the federal health financing program for the poor, which was already in difficulty due to its inflationary impact on health care costs. In 1970, she took part in federal efforts to advocate health maintenance organizations

(HMOs) as the solution to the health cost crisis. In 1971, she facilitated the administrative transfer of neighborhood health centers (federally financed programs for poor communities) from the Office of Economic Opportunity to the Department of Health, Education and Welfare, a move that supported the centers' evolution from experiment to institution in the overall health system.

By the early 1970s, Myers had begun to take on positions of considerable line authority. In 1972, she became director of an office with a \$5 million budget and a staff of fifty, responsible for policy formulation, program planning and evaluation in child health, rural health, health manpower, health care financing (including the development of national health insurance schemes), health planning, and revenue sharing. According to the citation accompanying her winning nomination for the federal women's award that year, this was "one of the highest ranking positions in the Agency ever to be held by a woman" (Wilson, Aug. 22, 1972).

In 1973, shortly before she left the federal government, Myers was named head of planning for a newly strengthened Office of the Assistant Secretary for Health. Karl Yordy, who was Myers's boss during the early 1970s, has called this a "march forward out of the shadows into the sunlight of major responsibility" (interview, June 20, 1989), a step that prepared her for her next job as head of the New York State Medicaid program.

How did Myers achieve this sort of self-transformation, from a young woman so shy that she could not face her fellow graduate students to someone confident of her ability to run the largest Medicaid program in the country? One can never be sure, but a partial explanation may be that her experience in the federal government made her strong by enabling her to exercise to the fullest the resource she was surest of—her intellect. Because she was so good at the tasks assigned to her and at the ones she sought out, and because she was such a keen analyst of public problems and so productive in high pressure situations, she became, as Karl Yordy puts it, "a hell of a good staff person. She had an amazing ability to take a complicated issue and analyze it, allow you to understand the phenomenon better. She was extremely productive, cranking out documents quickly. . . . The fascinating thing was that, as strong as her views were, she could play the game. She could deal fairly well with

people who were arrogant, who believed bureaucrats were no-good liberals. She could get along with those folks, and they recognized her talent" (interview, June 20, 1989).

Myers's records from the early years in the PHS hint that strength and self-confidence did not come without struggle. A journal fragment evokes the search for meaning, for identity: "*Unclear—what am I expected to do? . . . Does this mean I will be the one to take over all the old responsibilities re contracts, projects, etc. . . . this is unacceptable . . . I don't want it. . . . What do I want to do? I want a staff not a line job, a role in broad MCA matters . . . I want out! Out of what?? . . . lost in the shuffle? or just disappointed and hurt . . . because [he] didn't consult me? why should he? . . . Can I accept the role proffered? Can I—should I—threaten to leave? What basis?*" (Myers, personal journal). Somehow Myers managed to keep these feelings from overwhelming her and continued to do the excellent work that brought her increasing responsibility.

During her time in federal service, Myers also managed to conquer her fear of public speaking. In 1971, she was asked to give a presentation before the New York Academy of Medicine. This was an opportunity to convey to a crucial audience the message that the federal bill-paying mechanism was skewing the entire health delivery system. As Karl Yordy tells it, "she had been asked to give this paper, but she didn't want to speak. I and Larry Horwitz insisted. She sweated and fussed. But she did it. That was the beginning of a public persona. Line authority meant being in front of audiences. She came to love engaging in the open political process" (interview, June 20, 1989).

Late in her life, in a speech before a women's group, Myers referred to this event as one of five significant occasions when she risked failure. Her notes say, "with great trauma . . . did well . . . came to attention of [assistant secretary for health] . . . and promoted" (BAM Papers, Box 17).

Myers also dealt with the matter of risk taking in a 1972 speech she was asked to give on women's role in federal service at the University of Michigan School of Public Health: "Women refuse . . . assignments . . . or promotions, simply because they don't expect enough of themselves. . . . They fear not only the unknown, but the personal risk that is involved."

What did she believe these risks to entail? Her comments hint at interior struggles she herself may have had to wage: "Perhaps I am projecting my own personal views here. . . . Women who function successfully are frequently subject to psychological pressures and conflicts that can distract and fatigue the individual and perhaps lead to indecision, compromise, and less than full intellectual development. . . . It means, frankly, that women have hangups that they have to overcome or live with. . . . It's a painful and difficult process" (Myers, 1972).

Resignation in Protest

In 1973, Myers accepted an offer to head the New York State Medicaid program. After she had been in the job for about a year, she reflected upon her decision in a speech she titled "Federal Health Policies That Haunt Me": "One of the main reasons I accepted the offer . . . was that I felt it would give me an opportunity to test out whether or not it was possible to use a program like Medicaid to influence the delivery of health services. . . . So I find myself in New York State—responsible for a \$3 billion program, \$8 million every day, with no real authority except persuasion, exhortation, and hopefully logic" (Myers, Oct. 29, 1974).

Upon assuming leadership of New York's Medicaid program, Myers soon discovered that her ability to put her theory into practice was severely limited. Far from being concentrated in her office, authority for important aspects of the program was shared with the federal government, five other state agencies, and departments of health and social services in fifty-eight counties. In addition, at that time New York had no central computer to manage Medicaid data, no uniform health cost accounting system, and no penalties for Medicaid fraud. According to the state's own estimate, the program was costing at least \$1 million a day in eligibility errors, fraud, and abuse (Prindle, 1976).

Apparently, Myers at first regarded her agency's difficulties as a challenge: "It is a complex program that does not lend itself to simple solutions. But that is the job of a manager—finding the solution to complex problems, testing out the implementation, and evaluating the effects. I find that kind of management problem

exciting, challenging, and extremely rewarding" (Myers, "State Perspective", n.d.).

As time went on, however, the job became increasingly frustrating. Thoroughly committed to using the spending power of Medicaid dollars to improve access to health care by the poor, Myers found herself bogged down in administrative detail and unable to exert authority to make significant improvements in the program. She had a vision of what needed to be done: centralize the program's administration, control the growth rate of expenditures, and use the program's influence on health care delivery to prepare New York for the advent of national health insurance, which at the time seemed imminent (Myers, "State Perspective," n.d.). But because of the program's fragmented authority, she could accomplish none of these goals. She did make improvements, including a management information system, a hospital data consortium, and contracts with health maintenance organizations. But these changes were marginal. Two years after assuming her post, Myers commented: "Two years ago . . . I was adamant . . . that Medicaid was a health program and . . . not simply a conduit for federal, state and local dollars to pay bills. Today, I just wish the systems were in place so that we could pay the bills" (Myers, 1975).

The ensuing months brought a proposal from the governor for draconian cuts in Medicaid funding; meanwhile, Myers's boss, the commissioner of social services, remained unresponsive to her pleas for more comprehensive authority. Finally, when the legislature approved the governor's proposal, she could bear the situation no longer. Crafting her letter of resignation to identify administrative roadblocks that were keeping New York's Medicaid program from being a positive force in the delivery of health services to the needy, Myers quit her job. Her letter made the front page of the *New York Times*: "I am not resigning . . . over . . . cutbacks in the Medicaid program enacted this week by the legislature. I am resigning . . . because of the circumstances surrounding the Medicaid program which have made those cutbacks necessary. . . . Policies are dictated not by program priorities or needs, but by the mandates to maximize the federal dollar flow . . . and minimize state expenditures. . . . Medicaid is a health care program floundering in a wel-

fare environment. It is a poor program for poor people" ("State Medicaid Chief Resigns . . .," Mar. 25, 1976).

Whatever disappointment Myers felt over the barriers that she had been unable to surmount may perhaps have been tempered by the national forum her resignation afforded her to point out the principles of seemingly neutral administrative arrangements. Also, the example she had set was not lost on those who worked for her, as a letter she received from a staff member attests: "Bev, . . . Each of us has benefitted in different ways from the experience of working for you, but there is no one on staff . . . who hasn't been touched in some way by your energy, your dedication, and your professionalism. . . . At least I know, now, that I'll never be satisfied to remain a 'state worker,' plowing my way through the Civil Service system to retirement. I'm deeply disappointed that you weren't able to achieve what you wanted here. I just hope you realize the magnitude of what you *did* accomplish!" (Cathy M. to Myers, n.d., BAM Papers, Box 12).

Transition

When Myers resigned as New York's Medicaid director, she had no job waiting for her. To buy some time and to recover from the New York ordeal, she went to the University of Michigan to teach and write. Very soon, however, came an offer to join Senator Edward Kennedy's staff, with particular responsibility for the development of national health insurance policy. It was the wrong decision: the other staffers were young, eager, full of ego, and insiders in the congressional process. Myers was not, and she felt used and out of place. She found that her access to Senator Kennedy himself was limited. She had had a taste, albeit an unsatisfying one, of running a large organization, and the resumption of a staff role must have seemed like a step backward. Problematic as she knew it to be, she missed being in charge.

During this period, however, Myers increasingly came to assume a leadership role in affairs of the American Public Health Association (APHA). A member of the association's governing council since 1969, she became speaker of the council in 1975, a post she held for nine years. The council, APHA's organ for the devel-

opment of positions on policy issues, is a "large throng of delegates, somewhat subject to demonstrations and unruly behavior," according to Richard Remington, a long-time APHA member. He recalled that Myers excelled at the speaker's difficult job of using parliamentary process to keep the dialogue under control without stifling debate, dealing from moment to moment with unexpected maneuvers by various factions among the membership, adding legitimacy to the process through her tough but fair approach (interview, 1989). This experience honed Myers's skill at thinking on her feet and saying the appropriate thing in a demanding public arena. She was "businesslike but full of subtle wit," according to APHA director William McBeath. "When she said 'the ayes have it,' she was always right" (interview, June 21, 1989).

California: Leadership in Public

In 1978, Governor Jerry Brown of California invited Myers to head the state's Department of Health Services. She accepted the offer, even though Brown was running for reelection in a few months. As noted earlier, she was the only woman and only nonphysician among the finalists. There is some indication that Brown selected her in part because he was interested in reducing the medical profession's influence on the department: "Her appointment by Brown was a surprise. . . . He had named a panel headed by . . . [the] president of the California Conference of Local Health Officers, to submit a slate of job candidates. The panel's unanimous recommendation was Dr. Jerrold Wheaton, Riverside County health officer. . . . Brown said Ms. Meyers, the only one among them not a doctor, best understands state-federal problems" ("The Health Bureau cracy . . .," Aug. 14, 1978).

Myers assumed the leadership of 3,700 employees and an annual budget of about \$3.8 billion. She sent a memorandum to Governor Brown, dated July 1, 1978 (her first day on the job) in which she outlined her personal philosophy and priorities. Fundamental to her approach, she said, was the principle of equity: "Our goal must be to treat people equally so that they can become more equal." Recognizing the public's desire for greater efficiency (the infamous Proposition 13 was enacted shortly after she took office),

Myers promised "more concern with containing costs of government programs, and more productivity from government workers." But, she pointed out, services provided by the private sector also affected the level of public expenditures; therefore, her department would scrutinize this sector's actions as another means to governmental efficiency. "The commitment I make to you is to carry out these priorities in a Department that will be characterized by professional competence, integrity, and at all times, candor" (Myers, July 1, 1978).

The structure of Myers's department was an outgrowth of several years of political maneuvering. As Donald Lyman tells the story, for more than a century the Department of Public Health had been housed in the San Francisco area and conducted its work according to precepts of the public health profession, which stresses a scientific, nonpoliticized approach to preventing illness among whole populations. In 1973, Governor Ronald Reagan "basically deprofessionalized" public health functions and amalgamated the department within an umbrella agency housed in Sacramento, the state capital. At the same time, he subtracted 20 percent of the overall departmental budget on the theory that economies of scale would lower administrative costs. According to Lyman: "Reagan thereby condemned it to fail. In 1978 the thing was whacked into pieces. This department—Health Services—emerged as one of the pieces. It inherited the name and function of [Reagan's] department so nobody wanted to touch it" (interview, July 17, 1989).

At a press conference, the outgoing health director "told his successors . . . that Brown often needs a figurative kick in the pants" ("Brown Needs Kick . . .," Mar. 28, 1978). Myers would take his advice, even though it frequently entailed considerable risk. Nevertheless, she held her post until Brown left office in 1982.

A Turbulent Environment

As Myers began her new job, she found herself in the public eye and on the front page almost constantly. Nevertheless, she wasted little time in setting to work, according to one press account, "rebuilding a much-maligned department shaken by past scandals and petty bureaucratic infighting" ("Shaking Up the Bureaucracy . . .,"

Aug. 27, 1978). Like much press coverage of women in the public eye, including Myers, this account seemed unable to resist the temptation to comment on her physical appearance (calling her "the heavy-set, matronly Myers"), but it did credit her "facile mind, her capacity for work and the speed with which she assumed control of what critics call an unmanageable department."

Myers's job reflected both substantive and political challenges. After several years as director of the Department of Health Services, she analyzed her situation as follows: "An increasingly demanding function is achieving a balance between professional/technical aspects of public health and the political environment in which public health must operate. This has been especially sensitive since I assumed the position . . . one month after passage of Proposition 13, and at the same time that the Department was newly reorganized. Thus, my tenure as Director has been influenced by one crisis after another, created in large part by the political environment, budget cuts, and reduced capacity in the face of rising expectations" (BAM Papers, Box 10).

Within this turbulent political environment, Myers was required to address a staggering array of issues: one trip to Washington, D.C., in 1979 found her meeting with twenty-four different groups and individuals in Congress, in the Department of Health, Education and Welfare, and elsewhere. These meetings dealt with the payment of teaching physicians under Medicare, child health, programs for Indochinese refugees, labeling of over-the-counter drugs, Medicaid budgeting and regulations, and more. In addition, there were clashes with key figures: she became involved in ongoing discord with her boss (director of the umbrella agency within which her department was lodged), with several key legislators, and with Governor Brown himself. In large part, these tensions reflected—despite evidence of her considerable pragmatism—Myers's inclination to forthright and forceful defense of her views. Certainly, a significant element in furthering her moral project during these years was the constant need to weigh political trade-offs inherent in taking stands on important issues: to decide how hard to push and the price she would have to pay, either in substantive policy terms or personally. One net result of these decisions was less support from higher up than someone more cautious might have enjoyed.

The Medi-Cal Mess

Almost from the day she took office, Medi-Cal, California's Medicaid program, was an important claim on Myers's attention. Clearly, she hoped that she would be able to use her authority (with more results than she had achieved in New York) to bring the program's huge dollar flows to bear upon the number and quality of health services for poor people. Medi-Cal was spending \$3.5 billion annually in state and federal funds. Early on, Myers set forth the need for drastic changes, calling Medi-Cal a "monster of exploding costs and dwindling effectiveness" and arguing that only "radical surgery" could save it ("Medi-Cal . . .," Dec. 26, 1978). The heart of the problem was the arrangement whereby private physicians and hospitals provided the care and government paid the bill—a laudable effort to provide mainstream health services to poor patients, but one that put the public monies at the mercy of the private system's emphasis on expensive hospital-based treatment. Myers held that this fee-for-service approach was inappropriate for a publicly funded program and reasoned that the objective of supplying the poor with good quality health care had to take precedence over "philosophical" issues such as patients' access to the same doctors used by those better off.

The role this campaign required her to play was symbolized by a gray sweatshirt that hung on the coat rack in her office, emblazoned with "CAPTAIN HEALTH" in bold red letters—suggesting "the kind of mythical superhuman abilities needed . . . to [tackle] . . . the medical-industrial complex" ("Captain Health . . .," Apr. 30, 1979). She had legislation drafted to place some Medi-Cal programs under the auspices of county health departments and widen the use of fixed-price arrangements, but the bill stalled in the legislature after organized medicine lobbied hard against it. Meanwhile, another aspect of Medi-Cal diverted Myers's attention: ironically, given her desire to use bill paying as a way of pressuring the system for reform, it was the bill-paying mechanism itself that crowded more substantive considerations off of center stage.

Prior to Myers's tenure, rising costs had led to the decision to allow competitive bids for Medi-Cal claims processing. The new contract took effect two months after Myers moved into her office

in Sacramento, and about a year later the new processing system began to phase in. Immediate delays in payments to providers ensued. The providers let their legislators know, and, as Myers put it, "the legislators let me know" (Myers, 1980). By early 1980, anxiety was rife among providers and political pressure to abandon the new system was intense.

The issue brought Myers into head-to-head conflict with the California Medical Association (CMA), which argued that the new claims forms were too complex and costly to process. Physicians waged a campaign to discredit the department and Myers. One publication fulminated: "No greater foe of health care in California exists than Beverlee Myers. . . . [She] has proved that she can be a greater menace to health care than snake venom" ("How Medi-Cal Blunders . . .," 1979). Posters appeared in physicians' waiting rooms warning patients that the new claims system threatened to "bury doctors' offices in bureaucratic red tape and paperwork" and urging them to write to key legislators (BAM Papers, Box 6).

After granting a delay in extending the system to doctors' claims, Myers asked to speak at a CMA meeting in April 1980 to explain the need for the new forms. Her audience "proceeded to draw, quarter and tear [her] apart" ("CMA Council Report," n.d.). Nevertheless, she persisted, and the system was finally fully implemented—in part because she agreed to let physicians continue to use the old claim forms for a time and in part because Governor Brown agreed to create a task force to monitor the process. She continued to meet weekly with provider groups and received a confidential letter from the CMA president thanking her for her efforts to work with them (BAM Papers, Box 6). As the furor died down, Myers reiterated that the fundamental problem was the "piecemeal fee-for-service system" that churned out three million pieces of paper a week and was in need of "radical restructuring." Her personal reaction to it all, she said, was like the "late, great" Al Capone: "There's nothing quite so exhilarating as being shot at and missed!" (Myers, 1980).

Another Medi-Cal problem that diverted Myers from efforts at basic reform was "waste, fraud, and abuse," a constant drumbeat in the press. Myers consistently maintained that fraud by individual doctors and hospitals was dwarfed by what she termed the "sanc-

tioned waste" of a system that reimbursed hospitals for their reasonable costs; she held that the fee-for-service, cost-plus system sometimes facilitated fraud. After one particularly blistering editorial, her published reply commented tartly: "You could never learn it from reading *The Bee's* . . . editorial, . . . but California's Medi-Cal program is nationally recognized as a leader in combatting fraud and abuse. . . . Contrary to the editorial's baseless conclusion that 'responsible officials haven't taken the problem . . . seriously,' this department has been vigorous, resourceful, and effective" (Myers, Apr. 8, 1982).

Although Myers was able to make significant improvements in the Medi-Cal system, such as increasing funds spent on children's health and preventive care as well as expanding the number of patients served by fixed payment programs, the tide of events was flowing against the possibility of structural reforms. Double-digit inflation in the late 1970s and the presidency of Ronald Reagan in the 1980s quashed all thoughts of national health insurance or anything that appeared to bear its taint. Medicaid continued—and continues—in the form that led Myers to characterize it as a poor program for poor people.

Leadership and Confrontation

On several other issues, Myers's leadership had more tangible impact. For example, she was instrumental in securing an annual appropriation of state funds to county health departments, a major source of health care for California's indigent population. According to her deputy, Elizabeth Lyman, she saw her department as a partner with local health officers and treated them as "part of the family" (interview, 1989). Even though she had beaten out their chosen candidate for her job, she and they developed a close working relationship, and she looked to them for guidance on classic public health issues.

One of these was toxic substances in the environment, which during this period quickly became a consuming problem. Myers's leadership in this arena is most vividly illustrated by the "medfly" crisis. When in 1980 the Mediterranean fruit fly was discovered in Mountain View, California, the plan of the U.S. Department of

Agriculture (USDA) to use helicopters to spray the area with malathion caused environmentalists in the area to come "unglued," as Donald Lyman, Myers's deputy for environmental health, remembered it (interview, July 17, 1989). With Vietnam a still-fresh memory, Lyman maintained, the helicopters themselves became an important symbol—for Governor Brown as well as for the populace at large—of dangerous government action against defenseless citizens. Despite a report from Myers's department that an average-sized adult would have had to ingest an acre's worth of the chemical to be harmed, the aerial spraying was placed on hold.

Governor Brown directed the USDA to pursue alternative plans, which included spraying by hand and the periodic release of sterilized flies. Unfortunately, one batch of the "sterilized" flies turned out to be fully capable of reproducing. Nevertheless, Governor Brown continued to resist the notion of aerial spraying until U.S. Attorney General Edmund Meese threatened a quarantine on all California fruits and vegetables. Brown reluctantly ordered the spraying to take place five days hence and directed Myers to facilitate public acceptance of the move.

Myers immediately convened a special committee of experts, which over a single weekend and behind closed doors reviewed all the scientific literature on the health effects of malathion. This committee, which included several people who had been vocal opponents, concluded that malathion was one of the safest pesticides available and recommended against evacuating residents from the areas to be sprayed. Myers was able to use the authority of the experts to build public consensus by convening meetings in local areas and patiently setting forth the data. Within a few days, opposition dissipated, and the spraying went forward without incident.

On other issues, Myers took a more openly confrontational stance. For example, when the federal government proposed regulations requiring health facilities to notify parents when giving contraceptives to minors, Myers told Planned Parenthood of Los Angeles: "Well, it seems that our President wants to make sure that parents start talking to their kids about sex. . . . We believe that these rules are a violation of minors' rights and a serious breach of confidentiality. . . . I also consider these regulations blatantly sexist, because only young women are involved. . . . Should the regu-

lations be approved in its present form . . . California will sue" ("Debate on Teen Sex 'Snitch Law,'" Sept. 21, 1982).

When Los Angeles County planned health service funding cuts without what Myers judged to be legally required public notice and adequate hearings, her department joined a class action suit brought by seven low-income residents against the county (thus rendering moot the question of their standing to sue). When state attorney general George Deukmejian refused to file, Myers retained outside counsel with agency funds ("State Joins Challenge . . .," Aug. 19, 1981).

Perhaps the single most vivid public expression of Myers's moral leadership during her time as California's health officer was her stand against the Reagan administration directive requiring state health departments to develop evacuation plans in case of nuclear war. At a nuclear freeze rally on the steps of the Capitol, Myers declared: "It would be unethical to participate in a plan that creates the . . . illusion that the public health community can offer any assurance of health protection. . . . Planning for relocation promotes the moral obscenity that world leaders can engage in a nuclear shoot-out without unacceptable numbers of civilian victims" ("State Official Labels . . .," Mar. 18, 1982; "State Official Defies . . .," Mar. 18, 1982).

Myers announced that her department would refuse to cooperate. The *San Jose Mercury* account observed that the "dramatic statement . . . was made without consulting Governor Edmund G. Brown, Jr. Her policy conflicts directly with that of the state's emergency planning office." Dozens of California residents wrote to congratulate her on her stand.

Administration-as-Usual

Behind these large issues and public confrontations, the work of the Department of Health Services went on under Myers's direction. Elizabeth Lyman said that Myers was a popular director who was "enormously fun" to work for: "She liked to get involved directly in issues. Delegation was not her strongest suit. . . . She was willing to take on every issue . . . she was not hesitant to step in. . . . The

staff at low levels had contact with her. She loved the job, and her enthusiasm was infectious" (interview, Oct. 23, 1989).

A journal Myers kept during 1981-1982 describes her own working conditions: long hours, complex problems, intense pressure, and continuing conflict with a number of key people in the executive branch and in the legislature. Withal, her journal presents the picture of someone who genuinely loved her job and thrived despite (or perhaps because of) the conditions under which she worked:

10/7/81: [Assemblyman] Art Torres held a press conference this A.M. to lambast [sic] "incompetent" dept. . . . Rough—he says he has no respect for me, I'm incompetent and incapable of running dept.—very personal. . . . I am frustrated at not being able to respond. Pete Weisser drafts a statesmanlike response and I go with that but only after bawling out staff for not letting me fight.

10/21/81: Don't get home from L. A. till 10 P.M.—exhausted.

10/22/81: In office 6:30 [A.M.]

10/26/81: 6:45 A.M. flight to L. A. to give deposition in L. A. [County] lawsuit. . . . To Riverside for briefing on A.G. report on Haz. waste [management]. . . . Back in time for law school [Donald Lyman calls Myers's decision to enroll in evening law school "to take her mind off the job" unmistakable evidence that she was a workaholic. He notes that, when assigned Medicaid regulations to study, she commented, "But I wrote all these" (interview, July 17, 1989)].

1/12/82: [Name omitted] in [Sacramento] to tell me Gov. is still trying to find a replacement. She thinks it is Gov. himself out to get me. . . . It's going to be a rough year, if I survive!

6/27/82: Sunday papers laud the major reform of [Medi-Cal] and give credit to legislature and [name omitted]. It hurts not only not to get credit but to be

ignored since this is what I proposed to Gov. in Nov. 1978!

12/31/82: Had to leave office at 3:30 because everyone was coming in and saying goodbye and . . . weeping. Damn—what a fantastic 4 3/4 years! I'll miss it so much! [BAM Papers, Box 12].

The Journey's Close

At the end of December 1982, Governor Jerry Brown left office, and Myers's state job was at an end. Despite a number of faculty objections over her lack of a doctoral degree, she was then appointed chair of the Department of Health Services at UCLA's School of Public Health, a post she held until her death in December 1986. She continued to lead in academic life with the same forcefulness and commitment with which she had directed the state health services department. As Lester Breslow observed, "She immediately took charge, not walking over people and shouting orders at 8 A.M.—although she was *there* at 8 A.M."—but by motivating people and through her own example (interview, July 13, 1989).

The indications are that Myers missed life as head of a large, complex public agency. With Republican administrations firmly ensconced in California and in Washington, D. C., however, the political tides ran against another significant administrative appointment. Nevertheless, she fulfilled her academic responsibilities with customary energy—teaching, serving on the boards of several nonprofit health organizations, giving papers, writing letters to the editor, and generally making her views felt wherever people were thinking about public health policy. The impact of health care financing and service delivery on social justice continued to be her primary concern. Observing a trend away from government involvement and toward competition among private health care providers, she wrote: "[The] uniquely schizophrenic value system of the United States . . . at once insists upon freedom and choice and caveat employer in the marketplace and yet wants desperately to be fair to everyone. . . . The market, by definition is survival of the fittest. The less fit, the sick, and the poor do not survive very easily because the market is not designed to be fair" (Myers, 1985, p. 463).

In June 1986, Myers became ill while returning to California from a meeting in Washington D. C.; the diagnosis was pancreatic cancer. She died on December 24. She had continued to serve as an exemplar of public service up to and beyond the day of her death, as students' tributes read at her memorial service attest: "Your teaching and your example have nurtured my social consciousness. If I am able to help generate physician support for National Health Insurance, it will be in your name, and by your inspiration. It has been your example which has fixed in my mind the fundamental truth that in a just society those who have, help those who are without. Your example will always be with me" ("In Tribute to . . .," 1987, pp. 885–886).

Power, Virtue, and Womanhood

Beverlee Myers's story is one of a life given moral coherence and meaning by strongly held values translated into responsible and effective action; a life devoted to administration of the public weal and led largely in the public eye; a life in which power was consciously pursued and judiciously exercised. It is also the story of a woman's life.

Myers herself seemed to have become increasingly willing, over the course of her life, to reflect directly on the ways in which being a woman affects the nature of praxis and chances of achievement in public administration. As her receipt of the Federal Woman of the Year award suggests, she was honored early in her career as a *woman* of accomplishment. At this point in her life, she was not entirely comfortable about this kind of accolade; she wanted to be recognized for her accomplishments, not because of her sex. She acknowledged her status as a role model for other women but admitted somewhat defensively to a University of Michigan audience: "I'm not particularly comfortable as a role model, since I'm not sure what it entails. I . . . entered government before Women's Lib and the new lifestyles. I'm a product of the Puritan ethic which many of you would reject. I occupy the position I do largely through a combination of timing, hard work, and pure blind luck" (Myers, 1972).

Yet in a version of the speech reworked for possible publi-

cation, Myers indicated that her reluctance cannot be attributed to antagonism to the subject itself, but to anxiety over the feelings it invokes: "What do you do when they ask you to talk about what it's like to be a woman in the federal government? . . . You have to plumb down into personal depths you don't usually touch. . . . When you begin to tap old wounds . . . and buried slights . . . you have to overcome an ingrained bureaucratic conditioning. Personal introspection [is] not the usual medium of bureaucratic exchange" (Myers and Paull, n.d.).

By the time she assumed her post as New York's Medicaid director, she was prepared to state in an interview that she was "fully supportive of Women's Lib . . . but not a member of any such organization at the moment" ("Aim: Model Medicaid," Nov. 24, 1973). A decade later, Myers was still hesitant about assuming the role of female exemplar. Notes for a 1984 speech to the organization Women in Health Administration observe: "Perhaps I'm not the best one to speak on this topic. I'm from the generation of Betty Friedan and Gloria Steinem but raised before their powerful political statements" (BAM Papers, Box 17). Now, however, Myers was ready to talk explicitly on the subject of women and public power. Her notes describe her own understanding of power as "whether or not you have something someone else would hurt over if you didn't give it to them, and if so, whether you can dispense it to serve their ends as well as yours" (BAM Papers, Box 17).

In her draft text, the statement "Power is neither masculine nor finite" is amended to "Power is not finite." It concludes: "and because it is infinite it can be shared without a win-lose zero-sum game." Myers told her audience that "women are uniquely equipped to provide the kind of caring-sharing leadership needed" in order to practice "politics in the broadest sense of interpersonal relations and setting up the win-win situation." Reflecting on her own career, she observed: "To me power was not to be sought after through political prowess but with professional expertise and the authority of position gained through hard work and good luck. But I have since gained power through playing politics and I have lost power by not playing politics well" (BAM Papers, Box 17).

There is no evidence to suggest that Myers was familiar with feminist theories of power, but her description is congruent in many

respects with such theories in the emphasis on the infinitude of power, in the consideration of whether others would be "hurt" by its exercise, in the references to power's interactive dimensions. To take just one such feminist statement that I believe Myers would have agreed with: "Feminist organizations do not need to dispense with expertise, but can wed it to a different form of power; the expertise possessed by particular individuals, in an environment that supports cooperation, can be shared with others so as to empower both the individual and the group, providing an opportunity both to learn and to teach. Power would be redefined as the ability to act with others to do things that could not be done by individuals alone. Leadership would become a form of empowerment" (Ferguson, 1984).

Beverlee Myers's career reflects the struggle of one who adopts such a theory of power and yet is required to practice in a world that does not share it. The challenge in this kind of life is not so very different from other moral work: to achieve a level of reflective self-definition strong enough to withstand the world's pervasive—if often covert—hostility to one's own understanding of moral politics—and coherent enough to guide an unending series of difficult judgments about how pure practice can be when established dynamics are alien to it. Myers's ambivalence about aligning herself with women's concerns reflects the constant need in moral work to weigh process considerations (tactics, techniques, and personal style) against basic values, a struggle central to any public administrative practice as well as to governance in general. She understood the conventional dictates of politics and bowed to them when she had to, but her commitment to social justice was unswerving. Although she accomplished a great deal, much of what she wanted to do eluded her grasp; circumstances required her to compromise and to play a game some elements of which she might have wished to avoid. She played the game well: that is, her compromises came at the margins rather than at the core of her values. She yielded at the tactical level, in order to maintain her grasp on the authority that would make future efforts possible. When compromise threatened to approach the core too closely, she stood her ground, and did what was necessary—even resign.

Beverlee Myers entered public service at a time when women

generally believed that "you couldn't afford to be female—you had to be more neutral and 'masculine' than the men" (R. Knee, interview, June 20, 1989). Her career reflects, as Karl Yordy has suggested, the historical movement of women from less responsible and less powerful staff positions in public administration to positions of line authority (interview, 1989). Using, as Myers did, the terms of the policy world, her story evokes both the benefits and the costs of such a move. In terms of her own goals for society, she gained the opportunity to put a moral project into practice and, frequently, the opportunity to achieve important objectives of that project. Others benefited from significant improvements in health services that were a result of her efforts and from her own example. The costs included not only the numerous defeats that are the lot of anyone in public service, but also the peculiar inner struggle that is required of a woman who aspires to a predominantly male pursuit. In this case, the special challenge came from fundamental dissonance between being a woman, with the positive qualities and negative societal baggage that accompanies the gender, and assuming the ostensibly genderless but, in fact, masculine role of public administrator.

Beverlee Myers managed it wisely and well. She was at once a public administrator, a person of public virtue, and a woman. Her life alters our taken-for-granted thinking about what it means to be an exemplary public servant, because it so unmistakably tells us how central to notions of virtuous practice our own self-identities must be. There is no abstract model of virtue, which can be lifted out of the exigencies of time, place, and individual personality. There are simply virtuous beings, alike in the excellence of their commitment to the values of the polity and to actions in pursuit of them, but with differing gifts that compel our recognition.

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