

The Culture of Bureaucracy:

# Clots in the System

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by Arthur L. Levin

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In the spring of 1967 a man from a small town in Pennsylvania wrote a letter. His wife had gone to a district hospital to have her baby, and in the course of her delivery she hemorrhaged badly and needed blood. Unfortunately her blood type was rare and none was available. It had to be ordered from the Red Cross central blood bank; but by the time it arrived she had lost her baby and had been lucky to survive herself. When it was all over the man wrote to the Red Cross Regional Director. He wanted to know why his wife couldn't be supplied with the blood she needed in time.

The Red Cross official had no answer. But unlike most officials of large public service agencies he didn't just write back a form letter. He could have answered the bitter husband by saying that the Red Cross does the best it can, that his wife's blood type is shared by only one in a thousand persons, or with a multitude of other excuses. Instead, for reasons best known to himself, he sent the letter—along with one of his own—to the man's Congressman.

Once again, the whole matter might have been pushed aside. Fortunately, however, the Congressman was not one to do so. As a member of one of the Congressional committees that doles out

money to the Department of Health, Education and Welfare, he was disturbed by the man's story. He may have wondered how we can deliver a pint of blood to a battlefield casualty anywhere in Vietnam within hours, but can't do the same thing—despite our \$13 billion health budget—for someone in Pennsylvania.

The Congressman wrote Surgeon General William H. Stewart, then chief of the nation's health services, and demanded an explanation. Less than a month later—rapid time for the bureaucracy—he had one. In fact, although the Congressman may not have known it, his letter had set off an investigation of the entire United States' blood banking industry.

This time, evidently, a *pro forma* reply was deemed inadequate. One of the Surgeon General's aides telephoned and said he wanted a complete report of all aspects of the United States blood situation from me, in my capacities as a physician and "special projects officer" at HEW. He supplied a list of persons whom I might contact in preparing the report.

"Put this one on the front burner," he said, without elaborating any further.

It didn't take me long to discover some of the dimensions of the problem. All over the nation, I found, there was a critical shortage of blood and blood products. What's more, this shortage was increasing each year as more people lived longer and more serious illnesses were treated. In many localities the need for

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blood outran the supply. Many cities had periodic crises when their blood banks ran out of blood.

But the growing need for blood was not the only aspect of the problem, for thousands of pints were wasted each year. They spoiled on the shelf because of inefficiencies in the blood banking business, despite the critical demands. "These critical demands," one Washington press release stated, "become more alarming when one considers the annual waste of blood. . . in 1965 this waste amounted to 1.8 million units . . . 28% of the total amount drawn annually."

For several years, I found, Congress had recognized the seriousness of the blood problem and had held hearings on it. Unfortunately, these hearings were largely devoted to representatives of the various blood banking organizations squabbling with one another. Interested Congressmen were hopelessly confused by the dozens of agencies, including the Red Cross and its subsidiaries, which supply blood. Each seemed to operate with little or no relation to any of the others, and each seemed to have its own standards of efficiency. A man living in Wilkes-Barre might pay twice as much for a pint of blood as someone living in Scranton, or vice versa. Processing charges for a pint of blood at Washington's Georgetown Hospital, the head of the Red Cross blood program told me, were \$12. At another large hospital a few miles away, they were only \$6. He had no explanation for the great difference.

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### "Blood Is Life"

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Year after year, despite thousands of pages of testimony, the questions that concerned many Congressmen continued to go unanswered. Nobody seemed eager to testify on how to get blood to a small town in Pennsylvania more rapidly. None of the Congressional witnesses ever spoke about how efficiently their blood banks operated or presented figures to prove it. None ever spoke about how quickly they could supply a unit of rare blood, or at what cost. None of the witnesses seemed to have any explanation for why a man living in the District of Columbia might pay more for a pint of blood than his neighbor across the Potomac River in Arlington, Virginia.

In all the pages of testimony these questions got virtually no attention at all from the blood bankers. Instead they expended a great deal of energy telling Congress what a precious substance blood was.

"Blood is life," said Mrs. Bernice Hemphill earnestly. As head of one of the nation's largest independent blood banks, she thought blood banks should be exempted from the anti-trust laws.

"Blood is a living, human tissue," Dr. Rosser Mainwaring of the AMA agreed, as if this quality somehow made it less susceptible to price fixing.

The blood bankers seemed so preoccupied with the trust laws that they had little time for anything else. I asked the Red Cross official if he knew exactly how much Red Cross blood spoiled on

the shelf each year. He had no idea. What's more, his agency—the nation's largest supplier of blood—had no plans for trying to find out.

My exploration of the blood business uncovered another somewhat disturbing fact. Practically nothing had been done in experimenting with new methods to collect and deliver blood. Again, the private blood banking interests were too busy fighting among themselves to give the problem much attention. What's more, the situation in the federal government was no less chaotic. More than a dozen federal agencies had something to do with regulating the national blood supply—and none had more than the faintest idea of what any of the others were doing.

The only government program which might have accomplished something in this tangle was the National Blood Resource Program—set up by Congress to try to solve the problem of delivering blood to people. "The staff of the National Blood Program," wrote an official responsible for the program, "is vitally interested. . .in seeking possible solutions to the problems of inadequate supply and inefficient utilization of the national blood resources."

One might assume, because of this vital interest, that the National Blood Program might have tried to alleviate the incredible waste of blood. Unfortunately, for a full year after it began the program had done nothing. I interviewed the director of the new program, Dr. James Stengle, who informed me that, although the government had the power to regulate virtually every blood bank in the nation, there had never been any standards set for how much wastage should be permitted. His program, he said, was begun in an attempt to make the most efficient use of the "national blood resource." But, he went on, his was a scientific program, not a regulatory one. He did not think it appropriate for the program to set standards to control waste.

It was not until about three weeks after the Congressman's inquiring letter

to the Surgeon General that the program finally released to the public some of its goals. Among them, the program's managers said they would study the feasibility of a computerized national or regional daily shelf inventory system.

Evidently the program managers thought this inventory might help to eliminate some of the horrendous blood wastage. And with good reason. Such an inventory system had *already* proved feasible—two years before. As far back as 1965, the Lockheed Corporation had shown that they could use a computer to keep track of different types of blood and locate them instantly. Lockheed officials reported that blood wastage had been cut in half by the new system in an eight-month experiment.

Unfortunately, the remainder of the story had a familiar ring. No use was made of Lockheed's methods despite the fact that they were published almost immediately. The nation's blood bankers paid little or no attention; as far as they were concerned the Lockheed discovery went into the bottom drawer. So the National Blood Program was preparing to invest thousands of dollars to investigate a feasibility which had already been established—and ignored.

But it was the basic orientation of the Blood Program, rather than the weakness of any particular approach, which had made it ineffective in getting blood to people who needed it. The program had been assigned to the National Institutes of Health, HEW's research agency. And James Shannon, the NIH Director and thus the man with ultimate responsibility for the program, made it quite clear that he had no intention of getting his hands dirty in the blood mess. The Blood Program, he announced, would be happy to work with blood cells, and perhaps even computers, but people-problems were another thing.

"In our judgment," wrote Shannon, in a letter to Dr. Stewart, "the direct responsibility of NIH in this program ends with the development of the technology and the demonstration of its applicability of [sic] existing problems

in the blood-banking field.”

One afternoon, I went to the Pentagon to speak to Shirley Fisk, the Assistant Secretary of Defense in charge of health. He told me that the Defense Department managed to supply our fighting forces in Vietnam with vast amounts of blood without depending upon any of the civilian supply. He told me about the Navy’s development of a new process for freezing blood so that it could be instantly thawed and used anywhere in the world.

I told Dr. Fisk that I saw no reason why the civilian use of blood shouldn’t be as efficient as that of the military. I was convinced that the feuding blood bankers had to be brought together in some sort of national plan to improve the present muddled situation. I told him, with some confidence, how such a plan might be designed.

Dr. Fisk leaned back in his chair and peered over the tops of his sandy-rimmed eyeglasses at me. He shook his head kindly and smiled ever so slightly.

“You’re young,” he said, “and full of energy.” He rose to usher me out. “I wish you luck.”

While pondering Dr. Fisk’s words, I recalled my conversations about blood with federal civil defense officials. I had not thought these interviews too important at the time—boring descriptions of how many thousand bottles of plasma were stockpiled across the nation for use after nuclear attack. But one thing stuck in my mind: in the event of a national emergency, there was supposed to be a plan for supplying blood to all civilians. This plan was the responsibility of HEW. The Defense Department had the same responsibility for all military personnel.

What bothered me was that I could not recall anything from my conversations about this plan, except that it was supposed to exist. What official in HEW was to have the responsibility for running it? How were supplies, such as blood, to be shared between HEW and the Defense Department? The Defense Department, I knew, had contracts with all major suppliers of blood, such as the

Red Cross. These contracts, in the event of a national emergency, would automatically be “activated.” Did HEW, I wondered, have any similar contracts?

I spoke again by telephone with several officials. They were as confused as I was. One told me that, as far as he knew, there was no emergency plan for distributing civilian supplies. He did not even know who would have the responsibility for running one, he said. The Surgeon General had assigned an aide to the Office of Emergency Planning, he went on, but this man had retired and had never been replaced.

I wrote my report on the blood situation and sent it out to the Surgeon General. The report set forth the problems I’d encountered and mentioned the seeming lack of a national emergency plan.

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### NIH Is Working on It

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Several days after I’d completed my report, I received an envelope in the HEW internal mail marked “for your information.” Inside I found a copy of a reply from the Surgeon General to the Congressman who had written him. The reply was dated several days before my report had been finished. It “responded” to the Congressman at length. It told him that the problem of blood wastage was really not so serious. And then it told him that the NIH was working hard to solve the problem. It told him of the plan to study the feasibility of using computers in blood banking. The reply, in fact, told the Congressman a great deal—except whether or not his constituent in Pennsylvania would have any better luck getting blood the next time he needed it.

Inside the envelope was another piece of paper. It looked as though it had perhaps been sent to me by mistake. It was a copy of a note to the Surgeon General from his Assistant Surgeon General, and it had evidently been sent to him along with the letter which had been prepared for the Congressman.

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Congressional expressions on this subject," read the Assistant Surgeon General's note to his boss.

I began to understand what Assistant Secretary Fisk's enigmatic smile had meant when he had wished me good luck. Suddenly I felt relatively confident I would hear little more about the blood situation.

What did the Pennsylvania man's letter ultimately accomplish? The discouraging answer is, very little. Though it reached the highest rungs of the federal government, it resulted in virtually no corrective action. Unfortunately, the officials who read the letter didn't have the slightest idea what to do about the whole problem. Someone proposed a commission to look into it. Someone else proposed that an inter-agency committee, composed of specialists from various government agencies, be formed. Someone else suggested more research and planning grants to study various aspects more fully. A special report was prepared for the Surgeon General, making him aware of the problem and making various recommendations. A letter was written to the Congressman assuring him that progress was being made—the same way other Congressmen had been reassured before. But there was no commission or committee or even a single consultant set to work to find basic solutions for the problem. There was no effort made to get the private blood bankers together to hammer out a plan for action. The officials did manage to decide who would be in charge of the blood supply situation in the event of a national emergency—but no plan was made for what would be done if such a situation ever occurred.

Now, at least, government officials can't say that they don't know that a problem exists—or how serious it is. But it will take many more letters, it seems, before they finally do anything about it. The whole sorry business will probably be forgotten, and our citizen in Pennsylvania will not have any better luck getting rare blood next year than he did last. ■



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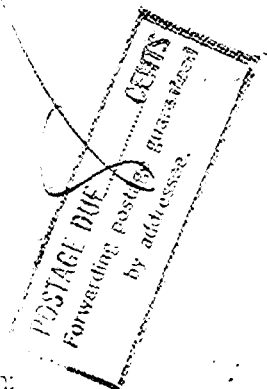
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