

Managing Across Boundaries:

A Case Study of Dr. Helene Gayle
and the AIDS Epidemic

Transforming Organizations Series



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T A B L E O F C O N T E N T S

Foreword	5
Executive Summary	7
Introduction	8
The Setting	12
The Case Study	14
Reframing the Issues	14
Creating Partnerships.....	15
Building Relationships.....	16
The Politics of Public Health	17
Setting Goals and Targeting Strategies	18
The Challenges of Bureaucracy	19
Leadership: Building Trust and Confidence	20
Managing within the Bureaucracy.....	21
Lessons Learned about Effective Managerial Leadership	23
Conclusions	26
Bibliography	27
About the Author	28
Key Contact Information	29

The PricewaterhouseCoopers Endowment for
The Business of Government

F O R E W O R D

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On behalf of The PricewaterhouseCoopers Endowment for The Business of Government, we are pleased to present this report by Norma M. Riccucci, "Managing Across Boundaries: A Case Study of Dr. Helene Gayle and the AIDS Epidemic."

As we continue to learn every day, many of America's major challenges and threats no longer stop at our national borders. Senior government leaders will be increasingly asked to work across boundaries and to develop coalitions and partnerships. These partnerships—whether they are cultural, economic, or political—will be fundamental to addressing and meeting America's challenges in the decades ahead. In this report, Professor Norma M. Riccucci presents a case study of Dr. Helene Gayle, a public health leader in the fight against HIV/AIDS and other contagious diseases, both in the United States and internationally. Dr. Gayle's career in public health exemplifies a new style of effective leadership.

The Riccucci report describes Dr. Gayle's relentless commitment to stopping the spread of infectious diseases, and how her vision, personality, and coalition-building skills led to the expansion of global disease prevention and inter-agency and international cooperation in the fight against HIV/AIDS and other contagious diseases. The report presents 11 lessons learned about this new style of managerial leadership.

By examining the exceptional work of Dr. Gayle to prevent and contain the spread of deadly infectious diseases, Professor Riccucci describes what it takes to be a successful, effective manager and leader in today's world. We trust that this report will be useful to government's present and future leaders. The lessons learned from Dr. Gayle clearly can be replicated and used by other leaders to guide important national and international public efforts that require managing across boundaries.

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EXECUTIVE SUMMARY

The accomplishments and successes of Dr. Helene D. Gayle are truly remarkable. Because of her continued drive, commitment, and success in combating communicable diseases not only in the United States but globally, Dr. Gayle was selected for this case study. She is a recognized expert in the field of public health, and has devoted her entire career to the fight against contagious diseases such as HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome) that have a major impact on health around the world. In addition, Dr. Gayle is working in a policy environment that spans global lines.

Dr. Gayle's work focuses on HIV/AIDS, STDs (sexually transmitted diseases), and TB (tuberculosis) not only in the United States, but also in such developing regions as Africa, Asia, and the Caribbean. Hers is a field that depends upon collaboration with governmental and nongovernmental partners at community, state, national, and international levels, and requires the application of well-integrated multidisciplinary programs that ultimately work to contain the spread of often deadly infectious diseases.

This study examines the characteristics of effective managerial leadership in government—an issue that has been the topic of much interest in recent years as the nation has focused its attention on ways to improve government performance. Efforts

to “reinvent government” and “rebuild the public service” are but a few examples of the ferment over the performance of governmental institutions. By examining the work of Dr. Gayle, given her vast experience in both the national and international public health arenas, we can identify a host of factors that contribute to successful managerial performance across agencies and boundaries.

Based on the case study of Dr. Gayle, 11 lessons about effective managerial leadership are set forth:

- Developing integrative, targeted strategies
- Developing broad coalitions
- Possessing and demonstrating interpersonal skills
- Exercising political skills
- Possessing and exercising technical expertise
- Setting a vision
- Fostering pragmatic incrementalism
- Committing to values
- Empowering staff and sharing leadership
- Taking risks
- Exercising management and leadership skills

Introduction

Dr. Helene D. Gayle was director of the National Center for HIV, STD, and TB Prevention (NCHSTP) at the U.S. Centers for Disease Control and Prevention (CDC) from 1995 until August of 2001. In September of 2001, she was detailed to the Bill and Melinda Gates Foundation because of her vast experience and success at coordinating efforts across global public-private lines to combat the spread of HIV/AIDS and other infectious diseases. She has devoted her entire professional career to the public by combating such diseases.

Born on August 16, 1955, in Buffalo, New York, Helene Doris Gayle is the third of five children. She was very much influenced and inspired by her hard-working parents—Jacob, a small business owner, and Marietta, a social worker. Reflecting on the values they instilled in her, Gayle said that “both of my parents felt strongly that to make a contribution to the world around us is one of the greatest things you can do.” What a presage this would be for Gayle, who would eventually go on to impact the global war against one of the deadliest diseases of the 20th century.

Gayle’s parents were very active in the civil rights movement, because they, as well as their children, witnessed firsthand the impact of discrimination against African Americans in this country. Gayle’s experiences here encouraged her to pursue undergraduate studies in psychology at Barnard College. Likewise, she would later pursue a medical degree at the University of Pennsylvania because she was interested in having an impact on issues affecting underserved and disenfranchised communities.

And medicine—and, more broadly, public health—would provide that opportunity.

At the same time she was working on her medical degree at the University of Pennsylvania, Dr. Gayle went on to earn a Masters of Public Health (MPH) at Johns Hopkins University. Her interest in public health was sparked by a desire to be involved in the social as well as political aspects of medicine stemming from early involvement in social and political issues. Years earlier, when she was a medical student, she heard a speech by Dr. D. A. Henderson on the worldwide efforts to eradicate smallpox. That speech helped to cement her goal of pursuing a career in public health

By 1981, Gayle had earned both an M.D. and an MPH. She was but 25 years young and about to begin a pediatric residency at the Children’s Hospital National Medical Center in Washington, D.C. As a resident at Children’s Hospital, she rotated on a monthly basis through all the different specialties within pediatric medicine to gain expertise as a pediatrician. Three years later, Dr. Gayle was selected to participate in the CDC’s very prestigious two-year epidemiology training program, the Epidemic Intelligence Service (EIS). This program is an apprenticeship of sorts, in that the participants go through hands-on training in epidemiology. Dr. Gayle’s main focus was on prevention of malnutrition in children in the United States and Africa.

She subsequently completed an additional year of training in preventive medicine focusing on diarrheal diseases of children in developing countries.

Career Highlights of Dr. Helene Gayle

- 1976:** B.A. in Psychology, Cum Laude, Barnard College, Columbia University
- 1981:** M.D., University of Pennsylvania
- 1981:** M.P.H., School of Hygiene and Public Health, Johns Hopkins University
- 1981-1984:** Pediatric Internship and Residency, Children's Hospital, National Medical Center, Washington, D.C.
- 1984-1986:** Epidemic Intelligence Service, Centers for Disease Control and Prevention
- 1985-1987:** Preventive Medicine Residency, Centers for Disease Control and Prevention
- 1987-1989:** Medical Epidemiologist, Pediatric and Family Studies Section, AIDS Program, Centers for Disease Control and Prevention
- 1988-1989:** Acting Special Assistant for Minority HIV Policy Coordination, Office of Deputy Director (HIV), Centers for Disease Control and Prevention
- 1989-1992:** Assistant Director, Preventive Medicine Residency Program, Centers for Disease Control and Prevention
- 1989-1990:** Assistant Chief for Science, International Activity, Division of HIV/AIDS, Centers for Disease Control and Prevention
- 1990-1992:** Chief, International Activity, Division of HIV/AIDS, Centers for Disease Control and Prevention
- 1992-1994:** Chief, HIV/AIDS Division, Agency AIDS Coordinator, U.S. Agency for International Development (USAID)
- 1994-1995:** Associate Director, Washington, D.C. Office, Centers for Disease Control and Prevention
- Feb. 1995:** Interim Director, National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention
- May 1995-
Aug. 2001:** Director, National Center for HIV/AIDS, STD, and TB Prevention, Centers for Disease Control and Prevention
- Sept. 2001-
present:** Senior Advisor for HIV/AIDS, Bill and Melinda Gates Foundation



Upon completion of her training in epidemiology and preventive medicine, Dr. Gayle joined CDC's Division of HIV/AIDS. Her early work at CDC involved examining the risks of HIV transmission from mother to child, and the risks for adolescents, college students, and U.S. racial and ethnic minorities. Knowledge gained from these types of studies served to focus the development of HIV/AIDS prevention strategies.

Dr. Gayle points out that "AIDS became the focus of my work at the CDC because it is so very central to public health and policy, and it is, in fact, a way of addressing broader public health issues related to children, women, and underserved populations throughout the world. And these are all issues that I am very committed to.... But I maintain that if we can do something about AIDS in this country, as well as in the rest of the world, then we will have moved forward as a society in dealing with much more than just a public health issue."

Dr. Gayle's work eventually took on a more international focus, as she was promoted to chief of International Activity within the Division of HIV/AIDS. In this capacity, she was involved in epidemiological research in such countries as the former Zaire, Jamaica, South Africa, the Ivory Coast, and Thailand.

Because of her outstanding achievements in the international AIDS arena, Dr. Gayle was detailed to the U.S. Agency for International Development (USAID) in the early 1990s, where she served as the agency's AIDS coordinator and chief of the HIV/AIDS Division. Working with other countries and international organizations to develop global AIDS policies, Dr. Gayle was USAID's chief representative on international HIV/AIDS issues.

In June of 1994, Dr. Gayle returned to the CDC and served as the director of the Washington, D.C. office, representing CDC on legislative, policy, program management, and intergovernmental matters. She also acted as liaison with other high-level department officials in the federal government. It was during this period of time that Dr. Gayle was asked to participate in the group that ultimately recommended the creation of a new center, the National Center for HIV, STD, and TB Prevention (NCHSTP).

Dr. Helene Gayle was in fact a key player in the effort to create this new center. Through an examination of the broader managerial and organizational functions of the CDC as they pertained to disease prevention and control, she and her working group assessed the feasibility of reorganizing and consolidating major organizational units working on HIV/AIDS and two related areas—other STDs and TB—within CDC. Integrating these activities under one structure not only improved the coordination of HIV efforts, but also provided a more integrated approach to diseases that share behavioral and biological interactions.

On September 21, 1995, Dr. Donna Shalala, then Secretary of the Department of Health and Human Services, named Dr. Gayle director of the new National Center for HIV, STD, and TB Prevention. Dr. Gayle had served as interim director of NCHSTP since its creation in February of 1995. The CDC director at the time, Dr. David Satcher, noted that

Dr. Gayle was the obvious person to run the Center, not only because she helped create it, but also because of her proven track record in managing and leading efforts to prevent and control infectious diseases, in particular her successful accomplishments in combating one of the most deadly epidemics of the 20th century—HIV/AIDS. He said: "Dr. Gayle provided impressive leadership for the Center's reorganization efforts. In addition, [she] has been instrumental in providing a thorough analysis of future prevention needs and implementing organizational solutions that will improve the visibility and accountability of CDC's HIV/AIDS programs and integrate HIV/STD/TB prevention efforts."

The NCHSTP is the largest of CDC's 11 centers, institutes, and offices. It has five divisions, which are responsible for public health surveillance, prevention research, the development of programs

The Five Divisions of the NCHSTP

1. **Division of HIV/AIDS Prevention: Intervention, Research, and Support:** conducts behavioral intervention and operations research and evaluation and provides financial and technical assistance for HIV prevention programs conducted by state, local, and territorial health departments, national and regional minority organizations, community-based organizations, business, labor, faith-based organizations, and training agencies.
2. **Division of HIV/AIDS Prevention: Surveillance and Epidemiology:** conducts surveillance and epidemiologic and behavioral research to monitor trends and risk behaviors and provide a basis for targeting prevention resources.
3. **Division of STD Prevention:** works to prevent STDs, including syphilis, gonorrhea, chlamydia, human papillomavirus, genital herpes, and hepatitis B.
4. **Division of Tuberculosis Elimination:** works to prevent, control, and eliminate TB.
5. **Global AIDS Program:** works closely with the U.S. Agency for International Development (USAID) and other federal and international agencies to prevent the spread of HIV/AIDS throughout the world.

to prevent and control HIV infection, other sexually transmitted diseases, and tuberculosis, and evaluation of these programs.

As a recognized world leader in the fight against HIV/AIDS, Dr. Gayle is currently on loan from the CDC to the Bill and Melinda Gates Foundation, where she serves as senior advisor for HIV/AIDS. The foundation's major mission is to help improve the lives of people globally through health and learning. Dr. Gayle's primary responsibilities are managing and overseeing programs and policies aimed at preventing the spread of HIV/AIDS and other communicable diseases throughout the world.

When Secretary of Health and Human Services Tommy G. Thompson announced that Dr. Gayle would be detailed from the CDC to the Gates Foundation, he stated in his press release that "Dr. Gayle will provide an invaluable depth of knowledge and the ability to coordinate efforts across public and private sector lines, *and across boundaries*, to make the fullest possible use of our resources against this scourge."

Dr. Gayle looked forward to the post with the Gates Foundation, commenting, "It is my profound belief that solutions to this pandemic, both in the United States and around the world, will come only through strong public/private partnerships."

Dr. Gayle has certainly had innumerable opportunities to leave the federal service and work in the private sector as a physician, where she would earn a higher salary. Yet, she opted to remain with the government because she feels that it is still an important place where she can make a positive contribution to society. She says, "I don't regret having placed a high priority on a career that enables me to make a contribution to humankind."

"Dr. Gayle has made extraordinary contributions in the fight to prevent the spread of HIV. She has demonstrated a strong commitment to public health and those who live with HIV, and will continue to effectively champion the cause through her new position."

—Dr. Jeffrey P. Koplan, Director of the
Centers for Disease Control and
Prevention

About the Bill and Melinda Gates Foundation

The Bill and Melinda Gates Foundation places a major focus on helping to improve people's lives through health and learning. It continues to look for strategic opportunities to extend the benefits of modern science and technology to people around the world, especially where poverty serves as an obstacle to participating in these benefits. It invests in partnerships with individuals and organizations that bring experience, expertise, and commitment to their own efforts to help people through better health and learning.

The Setting

It has been almost two decades since the HIV/AIDS crisis surfaced. Very early on, the U.S. Centers for Disease Control and Prevention, an agency of the U.S. Department of Health and Human Services and the lead federal agency for protecting the health and safety of Americans, became involved in the battle against this deadly disease. The HIV/AIDS epidemic continues to ravage the world's population, and the CDC is still at the forefront of the battle. As of December 2000, the CDC reports that 774,467 Americans are estimated to have AIDS, with the estimated annual rate of HIV infections in the U.S. remaining roughly constant at 40,000 since the early 1990s. In South Africa alone, statistics indicate that 4.7 million people are infected with the virus, and more than half a million were infected with HIV last year alone. Experts say that AIDS is wiping out an entire generation in South Africa—a major portion of that country's national workforce, including doctors, teachers, and engineers. "There will be, for the first time, more people in their 60s and 70s than people in their 30s and 40s," said Dr. Peter Piot, director of the United Nations AIDS program. South Africa has one of the highest rates of HIV/AIDS infections in the world. Because there is currently no cure for AIDS, the importance of prevention is monumental.

Other sexually transmitted diseases also continued to occur at high rates in the 1980s and 1990s as well. Syphilis, gonorrhea, chlamydia, and genital human papillomavirus (HPV) infection have been widespread public health concerns, and represent a serious threat to reproductive health. Moreover, certain genital HPV types are related to cervical, vulvar, anal, and penile cancers. With an estimated

Current Worldwide Statistics on HIV/AIDS

5.3 million people newly infected with HIV in 2000:

- 4.7 million adults,
- including 2.2 million women;
- 600,000 children under age 15.

80% of all adult infections have resulted from heterosexual intercourse.

At the end of 2000, 36.1 million people living with HIV/AIDS:

- 34.7 million adults,
- including 16.4 million women;
- 1.4 million children under age 15.

25.3 million reside in sub-Saharan Africa;
5.8 million live in South and Southeast Asia.

In 2000, there were 3 million deaths due to HIV/AIDS:

- 2.5 million adults,
- including 1.3 million women;
- 500,000 children under age 15.

Since the beginning of the epidemic, an estimated 21.8 million people have died:

- 17.5 million adults,
- including 9.7 million women;
- 4.3 million children under age 15.

There have been 13.2 million orphans since the beginning of the epidemic.

Source: UNAIDS Joint United Nations Programme on HIV/AIDS, www.avert.org/worldstats.htm.

340 million people worldwide being infected with an STD, the challenge for prevention is great. The largest number of new cases is occurring in South and Southeast Asia, sub-Saharan Africa, Latin America, and the Caribbean. However, over 14 million cases occur in North America. Again, it is clear that collaborative efforts to build and improve the public health infrastructure in surveillance, treatment, and prevention are imperative and cost effective.

From 1985 to 1992, the nation also experienced a resurgence of TB. One of the reasons was the disappearance of public health funds specifically targeted for TB programs, which subsequently led to the dismantling of these services. Both TB and HIV are issues that require extensive collaborations in prevention, treatment, and care. It is estimated that approximately 34.3 million people living with HIV also have Myco-bacterium tuberculosis. According to the World Health Organization (WHO), "tuberculosis kills 2 million people each year." The "breakdown in health services, the spread of HIV/AIDS, and the resurgence of multidrug-resistant TB are contributing to the worsening impact of this disease." It is further estimated that one-third of the world's population is currently infected with the TB bacillus. The overall importance of identifying those with TB, assuring access to care and drugs, and working to ensure that patients maintain their prescribed drug regimen are all crucial issues in the field of TB elimination.

Additionally, according to WHO, "since 70 percent of those co-infected live in sub-Saharan Africa, this region also bears the overwhelming brunt of the global epidemic of HIV-associated TB." The lack of sufficient surveillance, access to drugs, and public health infrastructures in this region make for what seems an insurmountable task. It is also estimated that more than 16,000 new U.S. cases occur annually.

HIV/AIDS, other sexually transmitted diseases, and TB have all proved to be devastating global epidemics in the 1980s and 1990s, and continue to

Current Statistics on HIV/AIDS, other STDs, and TB in the United States

- As of December 2000, 774,467 Americans were reported to have AIDS:
 - 640,022 reported to be male
 - 134,441 reported to be female
 - 8,908 reported to be children under age 13
- Approximately 40,000 new HIV infections occur each year.
- In 2000, 16,377 cases of active TB among Americans reported.
- In 1999, 659,441 cases of genital chlamydial infection among Americans reported.
- In 1999, 360,076 cases of gonorrhea among Americans reported.

Source: Surveillance reports published online by the U.S. Centers for Disease Control and Prevention, www.cdc.gov.

represent a growing threat to public health in the 21st century. One of the people who has been most instrumental in combating these diseases worldwide is Dr. Helene Gayle. In fact, in an effort to better manage and coordinate the various activities, programs, and arsenals aimed at reducing and preventing the spread of these diseases, the CDC created, through a major reorganization effort spearheaded and led by Dr. Helene Gayle, the National Center for HIV, STD, and TB Prevention in 1995.

Let's take a closer look at the career of Dr. Helene Gayle and why she has become a recognized world leader in the fight against AIDS and other communicable and sexually transmitted diseases.

The Case Study

Dr. Gayle can be credited with innumerable accomplishments in the battle against HIV/AIDS and other contagious diseases not only in the United States but globally as well. Her accomplishments can be characterized as a combination of skills, talents, and strategies, including her expertise as a public health official, her managerial skills within the organizations she has directed, and her strong leadership skills in the external national and international communities in the fight against deadly diseases.

Reframing the Issues

In recent years, Dr. Gayle has worked very hard within the United States to reframe the issues and concerns surrounding HIV/AIDS and other STDs. She points out that in the early stages of the AIDS epidemic, there was a perception that the disease affected primarily the white gay community, which lulled people into thinking this was the only population at risk. Clearly, HIV/AIDS is not a white gay disease. In fact, today AIDS and other STDs have the greatest impact on populations of color. Dr. Gayle notes, "It is the African-American and Latino communities that are currently at the greatest risk."

Prevention messages often miss the mark in communities of color, Dr. Gayle points out. For example, in communities of color, "for far too long, the assumption was that the impact on gay and bisexual men was only among whites; this is not the case." Dr. Gayle points out that in a study of 8,700 HIV-positive men who said they were infected by having sex with other men, one-quarter of the African Americans identified themselves as hetero-

sexual. Only 6 percent of white men, in contrast, identified themselves as heterosexual. Men who have sex with men do not always identify themselves as gay or bisexual. They may live outwardly heterosexual lives, often married with children, but continue to having sex with men. This is characteristic of men of all races, but the phenomenon appears to be more prevalent among African Americans. The phenomenon has been called having sex "on the down low" or "the D.L." She further notes that "programs for black men must address the stigma of homosexuality, which prevents many of these men from identifying themselves as gay and bisexual and may keep them from accessing needed prevention and treatment services."

In addition, needle sharing associated with injection drug use has been identified as one of the leading causes in the spread of HIV/AIDS today. In particular, injection drug use and needle sharing in African American communities has been reported to be one of the reasons for the higher rates of HIV/AIDS cases among African Americans in the United States.

The upshot is that the issues had to be reframed. One of Dr. Gayle's greatest challenges, then, has been to not only make people aware that populations of color are at the greatest risk, but to tailor and adapt the various strategies and methods for prevention to the persons (e.g., those who don't self-identify as gay) who may be less receptive and accessible to prevention messages relevant to the white gay community, yet are contributing to the rate of HIV/AIDS in communities of color. Besides

reframing messages, it was also important to make sure that the appropriate messengers were also part of the equation. This requires greater collaboration and support for organizations that can effectively represent and reach communities at risk.

Creating Partnerships

Dr. Gayle stresses that linking prevention efforts with the organizations and people involved in the care and treatment of HIV/AIDS and other STDs is pivotal to success, so that there is a continuum between prevention and care. Linking and integrating the various services and strategies to assure coordination of resources, as well as cost and program effectiveness, in its efforts to control HIV/AIDS and other STDs must be accorded higher priority.

Dr. Gayle also explains that much of her work depends upon successful collaboration with community, state, national, and international partners in efforts to stop the spread of diseases such as TB, HIV/AIDS, and other STDs. As Dr. Gayle readily acknowledges, “We are not the sole players, nor will we ever have all the resources to fix all these problems on our own. Developing collaborations is key.” For example, under her direction, NCHSTP works diligently to assure such coordination by developing partnerships with other agencies within its parent organization, the Department of Health and Human Services, including the National Institutes of Health, the Health Resources and Services Administration, the Food and Drug Administration, and the Substance Abuse and Mental Health Services Administration. The recently released CDC “HIV Prevention Strategic Plan” highlights the need for collaboration among government agencies, universities, state and local health departments, and community-based organizations so that relevant scientists, epidemiologists, and policy makers can come together to form a unified front in the fight against diseases such as HIV/AIDS, STDs, and TB.

Dr. Gayle points out that collaborating with private sector organizations, in particular faith-based institutions, may be one of the most important strategies for combating HIV/AIDS and other STDs in communities of color. She notes that “it has been critical to involve and have the faith communities work with us on some of these more controversial issues because of the key role they play in helping

shape opinions and attitudes and, especially in the African American community, serving as agents of social change.” So developing partnerships with faith-based organizations such as churches is a key strategy in controlling and preventing the spread of HIV/AIDS and other sexually transmitted diseases in the United States as well as other countries.

Dr. Gayle is an acclaimed pioneer in the creation of community-based prevention activities, especially among minority and underserved communities. She has been particularly successful in getting disparate groups, including minority, gay, and church communities, involved so that they have a better understanding of what the government does related to HIV/AIDS and other STDs. She notes that “many of the issues around AIDS have led to a good deal of mistrust between communities at risk, as well as communities at large, and I have tried to facilitate bringing a broad cross-section of people more into the process and create more open communications among them. The AIDS epidemic has stimulated us to be much more inclusive as public health officials.”

Dr. David Satcher, who is currently the U.S. Surgeon General and who directed the CDC from 1993 to 1998, commented on Dr. Gayle’s extraordinary ability to work effectively in local communities. He points out that “Helene gets to know and works with people locally. I think she took the concept of government-funded programs to the local community as it has never been done before. Working and helping to plan at a local level and assuring that there are planning committees in each



Dr. Gayle with children at a community center in Maun, Botswana, that teaches young people about HIV and supports children who have family members living with HIV.

local community—we've never really done this before in government the way it's been done for the AIDS prevention program. It's one of the most innovative strategies ever developed in terms of involving local communities, and Helene was responsible for implementing this."

Dr. Satcher went on to say, "Another thing about Helene that makes her effective in her work with different groups or communities is that she is a likable person. She doesn't take herself too seriously, and this makes it easier for people to work with her. She has a genuine interest in other people, and people recognize this; she also has a sense of humor. And I think that all this makes for a better working relationship when you are working on difficult issues. You have to create an environment where people are comfortable, and she does this very effectively."

Working to improve access to HIV care for people in poor countries is also important for Dr. Gayle, because currently treatment for HIV is still very limited in poor countries, which bear the greatest burden of HIV/AIDS. The cost of providing antiretroviral drugs for HIV has become a particularly serious problem in developing countries, where even simple medications are out of reach for much of the population. Dr. Gayle points out that the CDC works with over 20 countries worldwide to address the issues of prevention, access, and availability of care. After years of multinational-partnered efforts, in 2001 pharmaceutical companies finally began slashing the cost of AIDS treatment drugs for Africa, which will provide great relief to those infected with the virus. However, even with lower prices, access to relatively complex antiretroviral therapy will still be limited in the short run because of weak health infrastructure.

The CDC also collaborates with private sector firms not only in the United States but also in other parts of the world, including working to set up work-site HIV prevention programs. The CDC has been involved in a program called Business Responds to AIDS (BRTA), working with major corporations for over 10 years to have employers educate and disseminate information to their workers about the causes of HIV/AIDS and how it spreads. The CDC also works with U.S. multinational corporations such as the Ford Motor Company in countries like South Africa, where education and

Some of the Key Policy Players in Dr. Gayle's Policy Arena

Dr. Kenneth Castro, Director of the TB Division of the National Center for HIV, STD, and TB Prevention (NCHSTP)

Dr. David Holtgrave, former Director of the NCHSTP's Division of HIV/AIDS Prevention: Intervention, Research and Support

Dr. David Satcher, U.S. Surgeon General and former Director of the U.S. Centers for Disease Control and Prevention (CDC)

Todd Sumner, former Deputy Director of the White House Office of National AIDS Policy

Dr. Judy Wasserheit, former Director, NCHSTP's STD Division

other services are provided not only to employees but also to the neighborhoods and the communities around their plants.

In the international arena, the CDC collaborates with a number of other critical partners, including the U.S. Agency for International Development, the Joint United Nations Program on HIV/AIDS (UNAIDS), the World Health Organization, the United Nations Children's Fund (UNICEF), and the World Bank, to name a few. And, obviously, working with the countries themselves is key.

Building Relationships

One of the reasons why Dr. Gayle has been so successful at collaboration—building bridges and fostering communications between the federal government, various communities, and global partners—is her skillful interpersonal relations. As she herself admits, "I very much enjoy working with people. Also, I have tried not to divorce myself from who I am, and the many people and communities that have contributed to my sense of self. So, I can usually see commonalities in people, [and] at the same time recognize and appreciate diversity and differences. I feel that by listening to others and relying on my own experiences, I can find these commonalities, which serve to break down barriers with groups."

Dr. Satcher, U.S. Surgeon General and former CDC director, said, “People are willing to work with her because they trust her and have confidence in her. Inside and outside of government, people have a lot of confidence and trust in her, because they trust her motivation: She really cares about people and helping them.”

Todd Summer, former deputy director of the White House Office of National AIDS Policy, notes that “Helene does very well at developing relationships.... She is very personable, and I have never met anyone that doesn’t like Helene. And sometimes when people [or outside groups] feel like blasting the CDC, it’s because of affection for her that they tone down their words or hold their criticisms altogether.”

Perhaps the key to Dr. Gayle’s efficacy is her ability to foster dialogue between and among diverse people and groups. This means, says Dr. Gayle, “believing in what they do. If you can understand *their* position and *their* thought processes and believe they are justified in their respective positions, you can work effectively with disparate groups and people. It is then important to get people to see the similarities in their positions—that is, to make them understand that we *do* all think differently, but this is part of who we are and it doesn’t make us right or wrong. When people can accept the fact that there are other equally plausible perspectives, then you can make some progress in your efforts to fold or incorporate these groups into the public policy process, in this case around AIDS.”

Dr. David Holtgrave, former director of NCHSTP’s Division of HIV/AIDS Prevention: Intervention, Research and Support, said that Dr. Gayle is good at collaborating because she “has been absolutely committed to HIV prevention not only in the United States but globally, especially in developing countries, and she has made international HIV/AIDS work a priority of the Center. To do this really requires collaborating with the leaders of the various countries as well as the health ministers, and then all of the international organizations such as the World Health Organization and UNAIDS to get that work done. This requires effective collaborating skills.” He went on to say that “Helene has extensive knowledge about how governments function, country by country, and how we function,” and

she believes in “really interacting with other countries, where we are truly collaborating and not trying to impose our programs on them.”

The Politics of Public Health

Obviously, developing coalitions and collaborating with governmental and nongovernmental partners at community, state, national, and international levels requires a certain degree of political savvy and acumen. Indeed, because of the political as well as social challenges that have imbued the HIV/AIDS epidemic, possessing a high degree of diplomacy is essential. Her interpersonal skills as well as her technical expertise have served her well here. This latter attribute has been especially helpful in her interactions in political arenas, because technical or public health justifications are necessary for agency decisions. As she points out, “As a ‘technocrat,’ I have responsibilities for assisting in the formulation of public health policy, using the best available data to do so. As I help to shape the direction of research efforts for HIV prevention programs, I try to provide justification for policy options based on what we know and what we think will have the greatest positive benefit. While this seems obvious, it often isn’t, because of the political considerations which underlie diseases such as HIV/AIDS.”

Dr. Judy Wasserheit, former director of the STD Division of the NCHSTP, points out that Dr. Gayle “is politically very savvy and she networks well with people ... and she pays attention to the care and feeding of networks and people.” Dr. Wasserheit went on to say that “Helene is very skilled in interacting with people. She is very intuitive in her understanding about how political systems and individuals work. She has a very good appreciation of this, which allows her to make the system work constructively.”

Dr. Gayle has also been very successful in working with political appointees across government agencies. Dr. James Curran, former associate director for HIV/AIDS at CDC, has commented on Dr. Gayle’s ability to work effectively with different political and policy players. He said: “Helene has the unique capacity to get people to work together, in part, because she is so willing to go the extra mile herself in getting the job done and, in part, because she

understands not only the scientific issues but she is also able to see other people's points of view; she is able to walk in their shoes and this is a very valuable asset. It is also important that she is not politically motivated. She is committed to the public's health and not any particular philosophy of government. She is just doing her job and doing it very effectively, and this is quite laudable.... Also, she works so well with people because she likes interacting with them. People recognize this and so they like working with her.... She is very upbeat about her work, which is difficult and unusual when you are working with a fatal disease such as AIDS."

Dr. Gayle has also been successful working in a highly charged political environment, which, when working in an area such as HIV prevention, sets up a number of obstacles. Still, she has been effective, as Todd Summer points out, because "she is unflappable. Helene can take a two-by-four between the eyes and keep going. She, more than a lot of people I have ever met, is able to let a lot of things roll off her back and keep focused on what it is she is seeking to do within the limitations she faces.... She continues to push the edges," which is somewhat difficult for "an African American woman working in a predominately white male environment."

Dr. Gayle must also strike a careful balance between working in a political environment and in a government setting. That is to say, Dr. Gayle faces certain constraints as a public servant, indeed a career official, that serve as obstacles in her efforts to combat polemical diseases such as HIV and other STDs. Summer pointed out that, "Helene is a bureaucrat within a larger system. And there are limits to what she can do and what she can say. She tries to push to the end of those limits, but she is also appropriately cautious not to cross them, unless she's ready to leave the government.... When you work in government, there are always challenges against what you professionally and personally believe and what you are able to do as a government employee. And particularly in an area like HIV prevention, you rub against these limits all the time, while trying to maintain your sense of personal dignity and professional integrity in the face of bureaucratic pressures. Helene has been able to do this."

Setting Goals and Targeting Strategies

Another important aspect of her lifetime commitment to combating contagious diseases such as HIV/AIDS is having a vision. Dr. Gayle has always had a vision of what is needed to advance as well as augment existing efforts to combat infectious diseases. But, recognizing the importance of a shared vision, Dr. Gayle has always relied heavily on the input of her senior staff. As one of her division directors (the TB Division), Dr. Kenneth Castro, points out, "Helene isn't the type of person that would come in and say, 'This is my vision and you'll have to accept it.' Instead, she invited us to help develop that vision, which helped to bring all of us on board.... This way, it didn't come down from above and was forced on us."

Once a shared vision is developed, Dr. Gayle then moves to a series of actionable steps to guide her staff in reaching organizational goals. For instance, as director of the NCHSTP, her first step was to develop a broad strategic view of all the program areas—HIV/AIDS, other STDs, and TB. Setting long-term goals around what the Center seeks to accomplish in these areas is perhaps one of the most critical elements. In addition, under the lead of NCHSTP, the CDC recently finished a phase of long-term goal setting in the area of HIV/AIDS, where it seeks to reduce by 50 percent new HIV infections in the United States by the year 2005.

Besides setting long-term goals, Dr. Gayle also sees the importance of setting short-term actionable items that could be achieved incrementally. Setting small, attainable, and pragmatic goals enables her agency to reach overall goals on an incremental basis. She points out that "we try to determine what steps on the ladder will get us to our long-range goals, and then ask what are the processes and activities that we need to put in place to ensure that we will reach our goal. Measuring how well we do a particular sub-goal or short-term actionable goal isn't going to tell us whether we have reduced the spread of a given disease; but these short-term actionable goals are necessary steps in order to reach our long-term or end goal."

As Dr. Gayle goes on to say, "If our goal is ultimately to stop the spread of any of the diseases we

deal with, certain processes need to be put in place. For example, we ask whether we are targeting the appropriate or correct areas for funding. If the epidemics are hitting the communities of color disproportionately, we have to ensure that we have processes in place to get the resources to those communities. So, we develop strategies around the people or communities who should be getting resources. This is an actionable step and will help us achieve our end goal of stopping the spread of a given disease.”

U.S. Surgeon General Satcher discussed the strong sense of vision that Dr. Gayle has for leadership of the Center and for the battle against HIV/AIDS and other STDs. In fact, he noted that “Helene has an unusual *global* vision [his emphasis] for public health, which is really critical because many of us believe that in order for public health to be successful, it must be global in perspective. It’s important to think globally and then act locally, and Helene exemplifies this better than anyone I know.... She has the global vision of the problem and then she also has a vision as to how to respond to local challenges and needs.”

In addition to a shared vision, a commitment to values and engendering a commitment from staff is critical to her work in the public health arena. As a public health official, particularly one involved in areas such as HIV/AIDS and other STDs, Dr. Gayle is necessarily immersed in the social as well as political aspects of medicine. But she has a serious and dedicated commitment to the goals and values of the CDC and specifically the NCHSTP, and places its mission above *all* other interests. She points out that “clearly, it’s important to be realistic and mindful of the political realities but at the same time hope that our policies can be directed by our knowledge and our commitment to the health of the populations we serve. And I hope my position would be consistent regardless of the administration in office, because it is the right thing to do from the standpoint of developing effective strategies to prevent the spread of HIV, STDs, and TB.”

One representative of a community-based group points out that Dr. Gayle is so effective at her job “because, first and foremost, she has a personal commitment to the issue areas, which goes beyond her government job.” Dr. Gayle, it was noted, truly

Some of the values that Dr. Gayle strives to maintain for the NCHSTP and to instill in her staff include:

- Working hard to combat HIV/AIDS, STDs, and TB because it is the right and humane thing to do
- Working hard to combat HIV/AIDS, STDs, and TB not just in the United States but globally, because borders are not barriers to infectious diseases
- Acknowledging the hard work, dedication, focus, and intelligence of all the individuals who make up NCHSTP
- Recognizing the importance of collaborations across government agencies and globally
- An unyielding commitment to the battle against HIV/AIDS, STDs, and TB

has a “commitment to the health of the populations [she] serves.” Her leadership in steering her Center to achieve and maintain a strong commitment to the Center’s values has by all accounts proven to be successful.

Former Deputy Director of the White House Office of National AIDS Policy Todd Summer points out that “you appreciate very quickly after working with Helene that this is far more than just a job to her. She cares about the issue, she struggles within and against an environment that would probably have moved a number of people away; she’s been at the CDC for 17 years, and this is a significant contribution.”

The Challenges of Bureaucracy

Dr. Gayle has had to overcome a number of formidable obstacles in her work to combat HIV and other STDs, but her sheer commitment has helped her succeed. For example, Summer noted that Dr. Gayle has been very effective in “her ability to manage a system that was not designed for her to succeed.” Summer was referring to the organizational structure of the CDC, where “the [various]

center directors are more or less autonomous rulers of their fiefdoms.” And funding for HIV programs was distributed across the CDC’s centers without very much prioritization. Dr. Gayle, Summer pointed out, had a potential battle on her hands, because as she sought to set priorities for the distribution of funding to better target the areas of need, she would have to gain buy-in from the other center directors.

Another significant barrier that Dr. Gayle faced, Summer said, was “the white boys network.” Dr. Gayle is the first African American and second woman Center director at the Centers for Disease Control. Summer notes that “there is a culture [at the CDC] that is not always supportive of having an African American woman Center director. And as you can see, there aren’t too many colleagues like her at CDC. So, on all levels, she is battling to try to organize funds without authority and she is battling in an environment that is not necessarily supportive of her as an African American woman and in an epidemic where congressional scrutiny ... into what [CDC] can do around prevention is always looming over her head.”

Dr. Gayle agrees. She notes that being a woman and African American is often challenging. “I function in a white-male-dominated professional environment. This obviously presents many challenges. For instance, I am never sure when I walk into a room for the first time how I will be perceived. In its most productive sense, as an African American and a woman, I should not be thought of as just another statistic but hopefully as adding to the diversity that enriches our work environment and brings different perspectives, experiences, and styles of communication. I think that people who work in public health, by virtue of the issues we focus on, are often more enlightened about race and gender issues. However, many of the manifestations of racism and sexism are subtle and even unconscious based on one’s lifetime experiences. Many very well-intentioned colleagues often unknowingly demonstrate an ignorance of important race and gender sensitivities.”

She went on to say: “Being black and female carries some additional burdens both externally and probably internally generated as well. I hope I do a reasonable job of trying to balance those issues,

choosing battles wisely and not being totally pre-occupied with, but at the same time commanding respect for, my race and gender.... Not being white or male can certainly be a challenge. There are still times that because of my race and gender, people at first glance may perceive me as not being credible or competent. But I have to say that people are trying hard to get past the old way of doing business, and this ultimately creates opportunities.”

Leadership: Building Trust and Confidence

Dr. Gayle’s approach to leadership accounts for her vast success as a public health official within the United States and globally. As Dr. Castro stresses, “Helene is viewed as an effective leader because she ensures that we are *collectively* [his emphasis] working to achieve [the Center’s] common goal.” In addition, as Dr. Satcher pointed out, “Leadership means developing people’s trust.... From speaking with people around the world, I learned that Helene has garnered a lot of confidence from people. And even today, I would say that she is probably the most trusted American among African countries.... She has developed a lot of credibility because of her *knowledge* and insight into public health as it relates to AIDS and also because she really *cares* about the issues, and people see this [his emphasis]. And this, to me, translates into strong leadership.”

The level of confidence and trust accorded to Dr. Gayle is clearly evident in her appointment by South African President Thabo Mbeki to his AIDS Advisory Panel. President Mbeki, at the 13th World AIDS Conference held in Durban, South Africa, in 2000, caused a great stir when he suggested during his address that, while HIV is linked to AIDS, it was not the lone cause of the syndrome. He went on to say that the world’s biggest killer and the greatest cause of ill health and suffering across the globe, including in South Africa, is poverty, and that poverty is to blame for the quick spread of AIDS in his country.

Hundreds of conference delegates, dignitaries, and other participants walked out on President Mbeki’s opening address, suggesting that his comments were tantamount to a claim that HIV doesn’t cause AIDS. Others claimed that this was a gross misin-

terpretation of President Mbeki's comments and that Mbeki was merely stating that HIV and AIDS are exacerbated by poverty, poor nutrition, and certain socioeconomic conditions.

Prior to the conference, President Mbeki had appointed an AIDS Advisory Panel to help assuage the growing public dismay and consternation that would inevitably hinder his efforts to battle HIV/AIDS in South Africa. Recognized top leaders in the field of HIV/AIDS from around the world were appointed to the panel. As Dr. Holtgrave pointed out, Dr. Gayle was appointed to the panel because of her skills in diplomacy and consensus building and her ability to build trust and confidence among people. He noted that the panel was set up to address a very difficult area of public health, which demands collaboration. And, Dr. Holtgrave went on to say, President Mbeki's comments at the World AIDS Conference threatened existing international collaborations to combat HIV/AIDS. He said President Mbeki was confident that "Helene would be able to figure out a way to keep everyone together enough so that the programs could move forward.... Helene would be able to keep the process from breaking down and becoming divisive, which is what prevents public health programs from moving forward."

Most recently, Dr. Gayle was invited to China to provide input to that country's government on developing their efforts to battle the HIV epidemic. In a country that has avoided any public attention



Dr. Gayle at the ground breaking ceremony for the Coping Center, the first center in Botswana for people living with HIV. This center is part of a collaborative project between the Bill and Melinda Gates Foundation, Merck and Co. and the Government of Botswana.

on its growing AIDS problem, Dr. Gayle noted that if China did not address the epidemic, the United Nations estimates there could be over 20 million Chinese carrying the AIDS virus by 2010.

Another important attribute of effective leadership, which explains why Dr. Gayle is highly sought after for her skills and professional counsel, is acting responsibly, even in the face of criticism. Todd Summer notes that even when outside groups don't agree with what the CDC is doing, "Helene doesn't point fingers. She doesn't move the blame aside and say, 'Well, that's not my fault.' She takes it and goes."

Moreover, Dr. Gayle is viewed as someone who has an unwavering, steadfast commitment to the issues. Dr. Wasserheit points out that "Helene cares very deeply about what she works on, particularly HIV prevention. That level of commitment comes through, and that's an important component of leadership."

Managing within the Bureaucracy

Dr. Gayle points out that she has always viewed staff as the backbone of her organizations and thus critical to every strategic organizational effort. In her most recent directorship of the NCHSTP, Dr. Gayle oversaw a staff of approximately 1,400 employees, and everyone of them was considered important to the mission of the Center; successfully managing her own staff members has always been seen as key to accomplishing any agency goal. Dr. Wasserheit extolled Dr. Gayle's human resources management capabilities. She points out that Dr. Gayle is "a good manager because she has a pretty good sense of people. She's very insightful about people's strengths and weaknesses."

Dr. Gayle is a very strong proponent of open, shared leadership. "If anything," she points out, "I err on the side of providing more information, being open. And I believe the more teamwork you build, the more effective your organization will be. It builds more confidence among your staff and tends to cut down on uncertainties that inevitably occur in large organizations when information is missing or not readily available. It also increases morale and people's enjoyment of their jobs. If you don't empower your staff, it takes away people's purpose as organizational members."

Dr. Gayle further notes that “shared leadership is critical. I have an organization of 1,400 people, and if I didn’t delegate and share power, we would fail as an organization. And to me as a decision maker, [shared leadership] helps me make better decisions, because it provides me with a wider range of knowledge and information.”

Certainly, however, there must be an understanding of what information can be shared with staff. Dr. Gayle notes that “some information can only be shared with my senior staff, both because of the nature of the information and the relevance of the information at different levels. What may be relevant at the Center or Division level, for example, may not be relevant at other units within our organization levels.”

Dr. Gayle’s division directors point out that she does provide the flexibility needed to run their units. Dr. Wasserheit, former director of the STD Division, said that “I’ve had the luxury of tremendous flexibility and *laissez faire*,” which, she further notes, has enabled her to run her division more effectively. Likewise, Dr. Castro, director of the TB Division, said: “Helene provides a very clear sense of direction, but then she has given me a very long leash to exercise my expertise and skills. So, in terms of style, she has been able to provide a sense of direction but also not be in the way of her senior staff. Some leaders tend to be very much hands-on. She has been appropriately hands-on when she has had to be there to represent us to the higher levels with the administration. But I feel very much at ease in that she has enabled her directors to contribute and is also very receptive to our own views.... Instead of just providing marching orders, she is very much receptive to the feedback received by her senior staff.”

Dr. Gayle also stresses that risk-taking is key. “You have to be willing to take risks in leadership positions, and it means you have to take chances on the things that you believe are the right thing to do, even if it’s not politically expedient. I have found that it is important not to be risk averse; taking chances and trying some things in new ways is crucial if you really want to do best for your organization and for your mission.”

Dr. Castro attested to Dr. Gayle’s willingness to take risks. He said, “Helene will take risks, but not recklessly. There is a balancing act here; you can’t afford to take a risk that’s going to bring the whole agency down.” Dr. Castro pointed to a recent example of where “Helene put her neck on the line.” He noted that there is a recognition among public health officials around the world that AIDS in Africa is a monumental problem with several unmet needs and that the United States is in a unique position to do something about it. Dr. Gayle, he said, “has spearheaded an effort that has resulted in resources assigned for the direct involvement of the CDC, the U.S. Agency for International Development, and other international partners to work directly with several of the sub-Saharan African countries that have an almost unmitigated AIDS problem. Her efforts have made sure we are working in partnership with the authorities there, the appropriate ministries, et cetera, to arrive at some common goals and to have us working together, shoulder to shoulder.... And this came at a high risk politically, because you could ask, ‘Why should the U.S. taxpayers be spending money in Africa?’ Well, from a public health standpoint, we should be, because, as Helene has passionately striven to demonstrate, these diseases don’t stop at our borders and neither can our intervention efforts.”

In sum, Dr. Gayle has been a world leader in efforts to prevent and contain the spread of infectious diseases such as HIV/AIDS. She has devoted her entire career to this. By examining her extraordinary work in the national and international arenas, we can discern what it takes to be a successful, effective manager and leader in the public service.

Lessons Learned about Effective Managerial Leadership

What are some of the factors and attributes that contribute to or characterize Dr. Gayle's success in the fight against deadly diseases such as HIV/AIDS, other STDs, and TB? Some of the factors of effective leadership correspond with Robert Denhardt's findings (1993). The following represent a summary of several lessons to be drawn.

Lesson 1: Developing Integrative, Targeted Strategies

The issues or concerns being addressed by an organization and its leaders need to be continually identified and reassessed so that there is a clear understanding of what responses and strategies can be mounted to help remedy the problems or concerns. Once the issues are clearly identified or re-identified, linking and integrating organizational resources and strategies to develop solutions is key.

In the case of Dr. Gayle and the NCHSTP, reassessment of the populations most affected today by HIV/AIDS led to a finding that people of color, in particular African Americans and Latinos—and not white gays, as popular wisdom might have it—are at the greatest risk of contracting HIV/AIDS today. The next step was to link with the individuals, organizations, and community groups involved in the prevention and treatment of HIV/AIDS to help prevent it from spreading among all populations at risk. This, as noted, requires developing and then working closely with various coalitions, which serves to leverage other resources and other key players in combating such diseases.

Lesson 2: Developing Broad Coalitions

A vital aspect of effective managerial performance is collaborating within and across governmental agencies, as well as with private sector organizations. No policy maker operates in a vacuum, and so success hinges on the extent to which government leaders develop and nurture affiliations and networks with community, state, national, international, and private sector partners. Perhaps even more important is a clear recognition of the types of resources that need to be leveraged.

For example, in the domestic arena, Dr. Gayle has found that not only are other governmental agencies instrumental in combating infectious diseases, but so, too, are faith-based and other community organizations. In her vast number of years studying these issues, Dr. Gayle has found that community-based organizations may be the most effective in helping to stop the spread of infectious diseases. Therefore, she has targeted organizations to develop community partnerships, including churches and other established organizations as important resources in helping to combat such diseases as HIV/AIDS.

In the international arena, Dr. Gayle has found that it is critical to work closely not only with global leaders, but particularly with private sector firms based in the countries being ravaged by the AIDS virus. Thus, leveraging the appropriate resources and players for the clearly identified problem or concern is key to effective management in government agencies.

Lesson 3: Possessing and Demonstrating Interpersonal Skills

Good interpersonal skills were consistently named as a key element in Dr. Gayle's ability to effectively achieve her goals, and they cut across many of the other factors attributable to successful managerial performance. Qualities such as honesty, integrity, and uncompromising commitment to one's work and agency mission significantly affect a manager's ability to be successful. In addition, a good sense of humor and the ability to appropriately inject humor can make a difference in terms of effective communication and ultimately cultivating linkages with individuals or groups.

As many noted, Dr. Gayle's outstanding interpersonal skills helped to build good working relationships across national and international boundaries and created an environment where people were comfortable addressing difficult issues such as HIV/AIDS. And her interpersonal skills go beyond good communication skills to include strengths in facilitating, coaching, moderating, and coordinating. Perhaps one of the NCHSTP division directors said it best when she said that Dr. Gayle "is politically very savvy and she networks well with people ... and she pays attention to the care and feeding of networks and people.... Helene is very skilled in interacting with people."

Lesson 4: Exercising Political Skills

It seems axiomatic that political skills are critical to effective performance in government. The environment, by its very nature, is highly political. And so a high degree of diplomacy and political astuteness is essential. Dr. Wasserheit points out that Dr. Gayle "is very intuitive in her understanding about how political systems and individuals work. She has a very good appreciation of this, which allows her to make the system work constructively."

Effectively working with different political and policy players requires political savvy and good interpersonal skills. But, as was pointed out by several people, effectiveness depends on acting politically but not being politically motivated. As Dr. Curran succinctly stated, Dr. Gayle is "committed to the public's health and not any particular philosophy of government." She has not let politics get in the way of her commitment to fighting the battle against the spread of infectious diseases.

Lesson 5: Possessing and Exercising Technical Expertise

Possessing technical expertise is critical not only because of the knowledge necessary for the substantive aspects of a policy field such as public health, but also because it provides credibility when interacting with other agencies, community groups, or policy players. The ability to engender trust and commitment from the very people, groups, and organizations that must be relied upon to achieve one's goals heavily depends on expertise.

However, technical expertise alone may be insufficient. Drive and dedication are also key. As seen here, Dr. Gayle not only has technical expertise in the epidemiology of infectious diseases, but she is also personally and professionally committed to combating them. Her life's work has been devoted to this issue, particularly around HIV/AIDS, and she has not let anything or anyone deter her in her efforts. Her dedication has been repeatedly praised and identified as one of the most important factors in her successful achievements.

Lesson 6: Setting a Vision

Having not just a vision but a *shared* vision of what is needed to advance and further develop existing efforts to combat infectious diseases is vital for effective managerial performance in government. Dr. Gayle sought out and welcomed input and participation from her senior staff, not only because of the substantive value, but also because it helped establish a sense of ownership and commitment on the part of senior policy makers and managers.

Lesson 7: Fostering Pragmatic Incrementalism

Ensuring that everyone is on board facilitates another important factor in effectively leading and managing a government agency: developing pragmatic incremental goals. Dr. Gayle recognized the importance of not only developing long-term goals, but also setting short-term actionable steps that could be achieved incrementally. Setting small, attainable goals enables her agency to reach overall goals and at the same time provides a sense of accomplishment and satisfaction. The ability to witness the positive outcomes associated with one's work provides a tremendous sense of reinforcement

and job satisfaction and also helps to further workers' commitment to achieving long-range goals.

And, as Dr. David Satcher, the U.S. Surgeon General and former director of the CDC states, Dr. Gayle's *global* vision for public health is critical, because for public health to be successful in the United States, it must be global in perspective. "It's important to think globally and then act locally, and Helene exemplifies this better than anyone I know," said Dr. Satcher.

Lesson 8: Committing to Values

A commitment to values requires a serious dedication to the goals and values of your agency, placing them above all other interests. In essence, it requires *valuing* the values. Dr. Gayle formally enumerated for her agency and staff a set of values that she herself strives to maintain for her agency and works hard to instill in her staff. These values include working unyieldingly to combat infectious diseases in the United States and globally because it is the right and humane thing to do; acknowledging the hard work, dedication, focus, and intelligence of all the individuals who make up the NCHSTP; and recognizing the importance of collaborations globally and across government agencies and communities.

Lesson 9: Empowering Staff and Sharing Leadership

Sharing leadership responsibilities empowers staff. This, in turn, is likely to enhance workers' investment in their work, enhance the work's significance, promote self-determination, and increase workers' motivation and satisfaction. In addition, empowerment not only redistributes power, but it also provides a mechanism by which accountability or responsibility for outcomes is placed with individuals or teams. By making the workplace more participatory, democratic, and accountable, empowerment creates an organizational culture that promotes a sense of commitment to goal attainment and, ultimately, significantly enhances organizational productivity.

Empowering her staff comes naturally to Dr. Gayle, who has a very open, participative style of management. This has proven to be effective for her organization, where experienced, highly trained workers,

with medical or social science doctoral degrees, run the various units of the NCHSTP. She has found that by empowering her staff, they have developed a vested interest in the work of their individual units and in the integrated efforts of each unit in achieving the overall agency goals. Most importantly, Dr. Gayle emphasizes that empowerment and shared leadership are not "one-shot" processes but a way of organizational life aimed at discovering and utilizing the full potential of every member of the organization.

Lesson 10: Taking Risks

Taking responsible risks is also a critical management strategy that can promote effective managerial performance. New ideas and innovation tend to be the byproducts of risk taking, and so taking responsible risks—risks driven by a sense of ethics, honesty, and legal responsibility—is an effective managerial strategy. So, too, is encouraging staff to take risks, while working with them to help them understand the reason for mistakes and reducing their recurrence. Effective leaders also ensure that risk taking is not punished.

Dr. Gayle has found that taking risks is crucial for achieving your agency's mission. As Dr. Castro stated, "Helene will take risks, but not recklessly." Responsible risk taking can foster positive change and lead to successful organizational performance.

Lesson 11: Exercising Management and Leadership Skills

Certainly, all the factors mentioned above are important attributes of effective leadership and managerial performance, which requires flexibility, openness, dedication, commitment, and patience, to mention only a few characteristics. Effective managers and leaders in government also must have the ability to plan, organize, communicate clearly, motivate staff, and set realistic goals. They must also be honest, fair, understanding, expert in their field, and knowledgeable of the politics surrounding the environments within which they operate. And as Dr. Gayle clearly exhibits, they are goal-oriented and exhibit good interpersonal skills. Finally, an effective leader is able to create followership, which connotes not mastery but synergy. It is a relationship marked by trust, confidence, and an *intertwining* of interests.

Conclusions

In recent years, there has been a resurgence in efforts to promote greater efficiency and trust in government services. Beginning with the National Commission on the Public Service—which sought to rebuild public trust in government—to more recent efforts aimed at reinventing government (e.g., under the National Performance Review and the Government Performance and Results Act of 1993), there has been widespread interest in identifying ways to improve government service.

This study looked at various characteristics that are associated with effective managerial performance in government. Building on earlier studies and focusing on one high-level career executive in government, Dr. Helene Gayle, a host of factors were identified. By examining the work of Dr. Gayle, a recognized global leader in public health and the fight against HIV/AIDS, other sexually transmitted diseases, and tuberculosis, we have a better understanding of the various tools, skills, and strategies government executives can employ in their efforts to improve public services to the American people.

Most important, the jobs of government executives are highly complex. They operate in environments marked by great uncertainty and ambiguities, particularly around political, social, and economic issues. Their ability to work effectively involves mastering these environments as well as the groups, agencies, and institutions that comprise

them. Managing within and across the boundaries of such environments, not only within the United States but globally, requires management and leadership skills that transcend the traditional bureaucratic, rule-bound approaches to incorporate creativity, innovation, and risk taking. It is perhaps this more progressive style of leadership and management—exhibited by Dr. Helene Gayle, for example—which may ultimately characterize managerial effectiveness and excellence in government.

Dr. Gayle is one of the public health officials who has worked tirelessly to assure that the boundaries to engage in disease prevention inside the United States have been enlarged, allowing agencies such as the CDC to more actively participate in global disease prevention. Her efforts to better understand, prevent, and control the spread of HIV, other STDs, and TB have been recognized worldwide, and after almost 20 years of unflinching commitment, she continues to wage the battle.

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