

Merlin DuVal, M.D. '44: On the ball

By Laura Stephenson Carter

How will I look when I'm 21?" muses the handsome college student in a 1940s ad. He's pictured as a baseball player—"what I'm hoping for," the ad continues. "So I'm eating the right foods now—Nabisco Shredded Wheat."

That all-American boy was Merlin "Monte" DuVal, who did indeed go on to become a champion—not on the ball field, but in the health-care arena. He pioneered surgical procedures; founded Arizona's first medical school; served as U.S. assistant secretary of health; and, even in retirement, continues his quest to make health care universally accessible.

But back in the 1940s, he was juggling several jobs to pay for college and medical school. He modeled at the then-lucrative salary of \$25 an hour for ads—for cereal, toothpaste, breath mints, and other products (including, DuVal is chagrined to admit now, cigarettes)—that appeared in magazines like *Look* and *Life*. He also lifeguarded at Hanover's Storrs Pond, washed dishes at the Dartmouth dining hall, and worked at the local Rood's Eating Club.

DuVal grew up in Montclair, N.J. His mother was a singer, actress, and model. His father was a successful stockbroker who didn't suffer any personal losses in the 1929 stock market crash—mostly because he didn't have much invested himself—but he felt responsible for his customers who'd suffered significant losses. So he spent the rest of his career helping his customers recover. "He did his best to calculate their total losses, and he paid them back," says his son.

Not only was DuVal imbued with his parents' work ethic and sense of responsibility, but he was also influenced by his Dartmouth mentors—including Sidney Hazelton, a professor of physical education and the supervisor of Storrs Pond, and Dr. Rolf Syvertsen, the dean of the Medical School. Syvertsen "could have been a faculty of one if people had allowed him to do it," DuVal says. Syvertsen felt that if he could have taught all the courses himself, he would have been able to ensure an integrated curriculum.

Little did DuVal know that 20 years later, he would be a faculty of one as the founder of Arizona's first medical school and that he would be pushing for an integrated curriculum, too.

After graduating from both Dartmouth College and Dartmouth Medical School in 1944 (he was able to complete both his undergraduate requirements and the two basic science years of medical school in just four years due to wartime acceleration of the programs), DuVal went on to complete his M.D. at Cornell in 1946. He spent two years in the Navy, stationed first at a naval hospital in St. Albans, N.Y., and then at a naval amphibious base in Little Creek, Va. Next he did a rotating internship at Roosevelt Hospital in New York City,

DuVal paid his way through medical school by modeling at the then-lucrative salary of \$25 an hour, lifeguarding at Storrs Pond, and washing dishes at the Dartmouth dining hall.

and then a surgery residency at the Bronx VA Hospital under Dr. Allen Whipple, a pioneer in surgery for pancreatic cancer and inventor of the still-performed Whipple procedure. DuVal recalls his mentor as kind and modest, "a very, very great American surgeon," and someone who had "a heavy influence on all of his residents." Whipple stimulated DuVal's interest in pancreatic surgery and encouraged him to go into academic medicine.

"When I finished the residency, [I] got a stunning offer to open a practice in Mount Kisco, N.Y., with two other people," recalls DuVal. "They said, 'You can easily make \$200,000 in your second year,'" an astounding income back in the 1950s. "I spoke to Dr. Whipple," DuVal continues. "He said, 'Don't do it. You can always quit [academic medicine] and go into private practice, but you cannot turn around and do it the other way.'"

So DuVal joined the surgery faculty at the State University of New York at Kings County Hospital in Brooklyn. He developed an innovative surgical procedure used to treat patients with chronic pancreatitis, an inflammation of the pancreas associated with alcoholism and sometimes with narcotic addiction. He also was the first to replace the human jaw with acrylic rather than with human bone, as was the practice at the time.

In 1957, DuVal was recruited to the University of Oklahoma School of Medicine as one of its first full-time faculty members. The medical school had been staffed with voluntary faculty. "It was quite typical at the time where the men—and they were almost all men—who were in private practice in town took turns coming out to the school to give lectures and demonstrations," says DuVal.

It was there that he became prominent in medical affairs regionally as he helped, he says with pride, to build "a very fine medical school and very fine medical center." He chaired a statewide committee that secured voter approval to sell bonds to build a new hospital, and he was very effective in influencing the legislature. "The reason was quite simple," he says. "I set up a system in which every legislator's margin of victory in his district was charted. Then we compared that to a list of all of the people from his district who were treated at the University of Oklahoma Hospital." Legislators were much more likely to pay attention to DuVal's pitch for support if he pointed out, for example, that "one and a half times as many people [were] treated at that institution last year as voted for you."

In the early 1960s, DuVal was invited to participate in discussions about founding a college of medicine at the University of Arizona in Tucson. There was a national push for more doctors, and about 15 new medical schools were being established.

"I do remember very vividly that my wife and I were sitting at

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home” on a Sunday evening watching a television documentary, says DuVal. “I got a phone call in the middle of it, and the man said, ‘My name is Dick Harvill, and I’m the president of the University of Arizona. We are being authorized by the state to create Arizona’s first medical school. Would you consider coming over here and meeting with me and chatting with me?’ I said yes.”

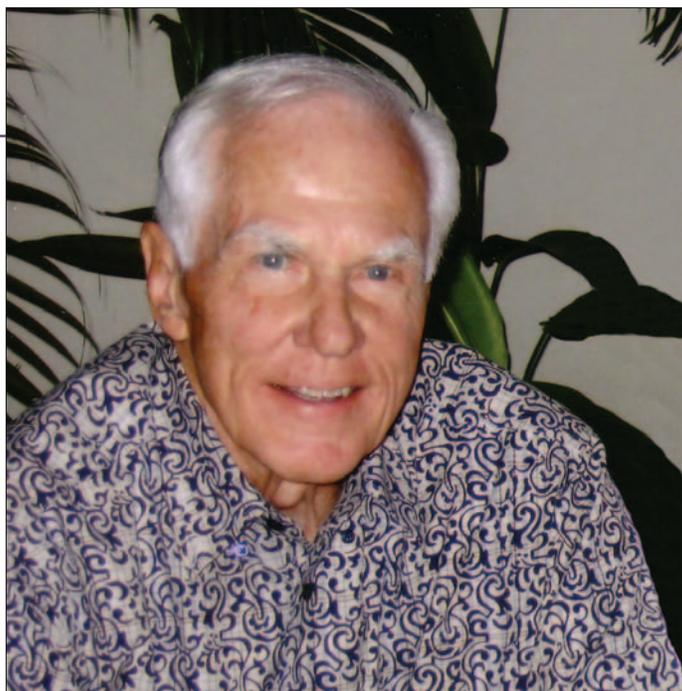
For the next two years, DuVal and several other hand-picked consultants met periodically with Harvill. Eventually, Harvill invited DuVal to be the first dean of the new school. “The challenge of starting a school from scratch struck me as quite interesting,” says DuVal. He’d fallen in love with Tucson, too. “I had visited the desert just frequently enough that I—as the expression goes over here—got the sand underneath [my] toenails and I was hooked. So I accepted the position and came here in January of ‘64.”

When DuVal moved to Arizona, with his wife and three children, he gave up practicing surgery. “It seemed wrong for me to come in as dean into a relatively small community and instantly be interpreted as an economic threat,” he says. But he did accept occasional invitations from friends in Phoenix who, “if they had a tough pancreatic case, would call me up and say, ‘I’d like to have you at the table.’”

DuVal helped to raise money for the medical school, designed its facilities, and recruited the faculty. He had, he says, “the extraordinary advantage of coming here alone. I did all the searching, all the interviewing, and all the appointing of department heads, with no committees.”

But he was surprised at how difficult it was to recruit faculty “into an environment where there was no history” and not yet a school. Still, DuVal was “very successful in garnering a fine faculty.” The next challenge was to build a cohesive culture. “For a while there was a lot of tension within the faculty” because each member of it had come from a different institutional culture. “It became a mish-mash,” recalls DuVal. “It was very difficult to achieve an aggregate personality that was ours.”

DuVal also faced challenges educationally. He had proposed an integrated curriculum. Under his plan, the basic sciences—such as anatomy, physiology, biochemistry, and pathology—would remain sep-



DuVal was a pioneering surgeon and then the founding dean of the University of Arizona Medical School before becoming U.S. assistant secretary of health in the 1970s. Even today, in retirement, he is still active in health policy and access issues.

arate, but there would only be one clinical department of internal medicine and pediatrics. “You would learn surgery or psychiatry or neurology, what have you, by seeing patients in internal medicine or pediatrics and then following them through the consultants in the graduate departments,” he explains.

The national accreditation committee “said it was imaginative and [was] prepared to run the risk of approving us as a medical school with a new curriculum.”

But the faculty resisted. “They wanted to be department heads. So I abandoned that” idea, DuVal explains, “and we developed something that was much more

traditional.” Still, for a long time, DuVal avoided subspecialization. “We only had the traditional big five departments of ob-gyn, psychiatry, pediatrics, internal medicine, and surgery,” he says. “We did not have a department of neurology or urology or orthopaedics.”

The deans of all medical schools also learn quickly that they have to plan, in advance, for the expansion of their facilities. “Unless you thought through the expansion even before it was called for, you would end up dividing departments,” DuVal explains. “I spent an awful lot of time with a child’s little sack of blocks.” He labeled the individual blocks—as operating rooms, laboratories, medicine, radiology, and so on—and “played with the blocks in an effort to try to figure out, for instance, if you were getting a lot of outpatient load and the outpatient department was not sufficiently big to handle it and you had to expand it, what would you need also to expand to accommodate that expansion? . . . You’d need record room space,” he continues. “So the record room was built under the outpatient department. Similarly . . . it was essential that the surgical suites be at the extremity of the building [because] you have to be able to expand them in physical contiguity with what’s already there. You can’t have operating rooms split.”

Recently, someone who didn’t know that DuVal had designed the medical center commented on what an “intelligently designed building” it was. “I took a great feeling of pride in that,” says DuVal. The “time and effort spent with those blocks, it paid off.”

Within days of the medical school graduating its first class in 1971, DuVal was nominated to be U.S. assistant secretary of health. He took

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Alumni Album

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an 18-month leave of absence to assume the post. Among his accomplishments in Washington, D.C., was helping facilitate the passage of the National Cancer Act (see page 22 for more on the National Cancer Act).

DuVal also helped to close an unpleasant chapter in the nation's history—the Tuskegee project, an experiment conducted by the U.S. Public Health Service between 1932 and 1972 on 399 black men in the late stages of syphilis. The government was trying to learn about the progression of syphilitic infections, but many of today's tenets of clinical research were violated. The subjects were not informed that they were part of an experiment or even that they had syphilis, nor were they offered penicillin in the 1940s after studies elsewhere had proven that it cured the disease.

After the Tuskegee story broke in the press in 1972, some officials argued that the program should be kept intact because by then the surviving subjects were getting excellent care. "All the mistakes, all the bad things, were historical," DuVal explains. But "I just felt that the American public did not want to see the federal government continue to support that. So I closed it down."

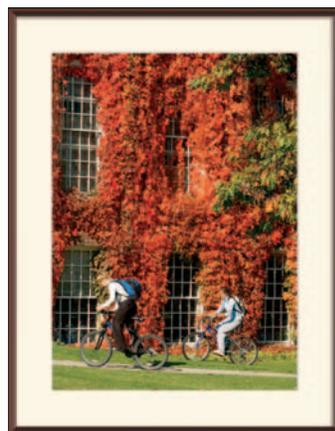
His responsibilities also included representing the United States at international meetings and testifying before Congress on health bills. "The position that I was to take was determined by the Office of Management and Budget, the president's financial arm," DuVal says. "They would send over the testimony that I was to read. And very often I would get it at 9:30 when I was testifying at 10:00. That made it difficult." Reading the testimony aloud wasn't hard, but it didn't leave DuVal much time to prepare for the questions that he knew he would get peppered with.

He chuckles as he recalls how the political process works. One member of Congress, for instance, would invite DuVal for a drink the night before a hearing and warn him that he was going to ask tough questions the next day. "He'd pummel away the following morning with his questions. He knew all the way along where I stood. But if he wanted to make a certain point against the administration's approach, he would do it through me,

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at my expense,” says DuVal. But “to this day, we’re candid, we’re great friends.”

In addition, DuVal proposed the Emergency Medical Services Act, which was signed into law in 1973, as well as regulations calling on manufacturers to stop putting lead in paint and gasoline.

DuVal returned to the University of Arizona in 1973 and served as vice president for health sciences there until 1979. He went on to be president of the National Center for Health Education in San Francisco from 1979 to 1982; president and CEO of Associated Health Systems/American Healthcare Institute in Washington, D.C., from 1982 to 1988; and senior vice president for medical affairs at Samaritan Health Services, a non-profit, multihospital system in Phoenix, from 1988 to 1990.

DuVal’s many achievements include being named a Markle Scholar early in his career. The Markle program identified young faculty judged to be capable of eventually having a positive impact on academic medicine. The fact that he went on to do so is evident from his nine honorary degrees and fellowships and many other awards.

The auditorium at the University of Arizona Health Sciences Center and a conference room at the University of Oklahoma Health Sciences Center are named in his honor. He is a member of the Institute of Medicine of the National Academy of Sciences; has served on numerous professional and community boards; chaired the Dartmouth Medical School Board of Overseers in the 1970s; hosted a regular CBS-TV program in Phoenix; was one of the principal architects of an Arizona cost-containment program for the medically indigent; and, just two years ago, helped enact a law that established the Arizona Advance Directive Registry.

Although he retired in 1990, DuVal has continued to champion health-care reform. At a recent press conference, he spoke in behalf of a bill to create a universal health-care system in Arizona. According to the *Arizona Republic*, DuVal pronounced the “current system uncoordinated, undisciplined, and riddled with problems that ‘a private market cannot solve.’”

Clearly, the former model, medical student, dean, and federal official is still in the media eye—only now he shows up in the news pages rather than in cereal ads. ■

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