



UNIVERSITY OF MINNESOTA  
TWIN CITIES

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(Dictated from Basel, Switzerland)

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To: Academic Staff

From: Henry Blackburn

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The little day-dreaming memorandum I sent around a couple of weeks ago concerning the possibilities of community intervention in Minnesota and soliciting your reactions, resulted in a very silent ovation. Consequently, I will lay it on you again for a reaction.

It is perfectly clear, I believe, that results of 20 years of epidemiology and the current decade of trials will likely eventuate in mass intervention efforts to prevent coronary disease in the foreseeable future. My day-dreaming is simply to suggest that we can be in on the ground floor of this mass effort in the community as pioneers in the most significant public health undertaking of our times, or we can sit on the sidelines and do little things that interest us and not worry about the wave rolling on. I have seen this as a challenge and an opportunity and as a possible career for us over the next period, surely to extend at least a decade beyond MRFIT. My view may be wrong, but I don't have any alternative one to offer you.

Consequently, I'm going to ask you again to see yourself in a program which would involve community intervention, primary and secondary, for coronary disease on a mass scale involving mass behavior and health education and public health methods. Methodological and other intellectual spin-offs will surely come. We can occupy ourselves only with side issues or undertake the big juggernaut, which would rule our lives.

Obviously, I will not have the courage to pursue this if none of you regards it as a career interest. I am asking again that you think about it in terms of a laboratory challenge for the next decade and in terms of your own career and research interests. I am asking that we get together individually to explore this issue so that we can see whether we have the force and skills to start working toward it.

This is in preparation for our next academic staff meeting at which time I will address the issue again and invite your reactions. Please be clear that I have by no means decided that I or we should go this way. I'm quite convinced that it's probably the best way for us to go, but not necessarily the way in which we can go or will go.