



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Laboratory of Physiological Hygiene  
School of Public Health  
Stadium Gate 27  
611 Beacon Street S.E.  
Minneapolis, Minnesota 55455

CONF. CONGRES - FARQUHAR

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February 25, 1982

John W. Farquhar, M.D.  
Professor of Medicine  
Stanford Heart Disease  
Prevention Program  
Stanford University  
Room S-005  
Stanford, CA. 94305

Dear Dr. Farquhar:

This letter is in response to your request for a commentary on faculty appointments and needs for the Stanford Heart Disease Prevention Program. Let me say at the outset that the Stanford program is the pioneering one and the conceptual leader in this area of cardiovascular disease epidemiology and prevention. It is the most sought-after and prestigious in regard to research and training of any such endeavor in chronic disease prevention any place in the world. There may be other centers with equal competence in relevant segments of the whole issue, but Stanford has melded them together in the most sustained and successful program.

With a background of wide professional reputation, I will comment simply that many have long wondered at the ability of the Stanford Program to carry off its complex, multiple-discipline, multiple-strategy researches, and its many research and training activities with limited staff and reduced status of faculty.

It has seemed a marvel of efficiency to those of us who run divisions having comparable goals and scope.

One is reluctant to make comparisons which might derogate one's own efficiency, but several things are obvious. The Stanford group is extremely competent and productive irrespective of the number and status of their faculty appointments. Secondly, the group and its program are so outstanding that it has been able to attract and hold people without offering them career opportunities commensurate perhaps with their expertise and national stature.

The field of cardiovascular disease epidemiology and prevention is an active one and its skills highly salable. The fact that you have attracted and held such excellent people can only attest to the remarkableness of the program. This, of course, is no argument for an institution failing to provide supports appropriate to the quality of the program.

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Perhaps our program here at Minnesota is the only one comparable in terms of variety of activities and roughly in terms of budget (between 4 and 5 million dollars a year), research and training activities. We carry out our activities with 18 full-time equivalent faculty compared to your much lesser number. Seven of these are tenured and all others are at the assistant or associate professor level. We do not have non-faculty designations such as research physician or research specialist. Thus, though tenure is not guaranteed or even the opportunity for tenure assured, they, nevertheless, have faculty appointments. They are able thereby to pursue research careers with greater institutional commitment, greater professional recognition, and the ability to be principal investigators and to demonstrate their capability for independent research careers. It is inconceivable to me how one could attract and hold good people with a lesser commitment and opportunity.

In divisions of reputation and productivity, bringing such significant efforts to the scientific community, the risk-taking is fully recognized. They cannot guarantee tenured or long-term appointments to every faculty level person attracted and engaged. Nevertheless, appointments of regular faculty appropriate to the demonstrated continued support that your center has achieved would seem to me required in numbers beyond those recognized now.

It seems to me also that you and Peter Wood are already in great difficulty in regard to percent effort, cost-sharing and credibility as Principal Investigators for all innovative proposals going out of your unit. The inability of perfectly capable and experienced faculty level people to make proposals for investigator-initiated research seems to me an arbitrary and severe curtailment of research opportunities for your institution as a whole and for the people so deprived.

I understand that the situation in Stanford is unique in many respects, in regard to appointments, availability of indirect costs and other areas that tend to facilitate researches in other institutions. Stanford nevertheless thrives because of the excellence of its environment. I would certainly understand, however, your concern for the present and future of your personnel and your internationally recognized research and training program if there were not at least the potential for a gradual evolution of a core research faculty and support and positions commensurate to the quality and success of its researches. The idea that your program might be further reduced in regard to regular slots, even in the current restrictive economic climate, would make little sense to me, either from financial advantage to the community or to the continued viability of a center of cardiovascular research widely recognized as unique.

Sincerely,

Henry Blackburn, M.D.  
Professor and Director  
Professor of Medicine

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