UNIVERSITY OF MINNESOTA
TWIN CITIES

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Undated: @ October 1975

MEMO

TO: LPH ACADEMIC STAFF

FROM: HENRY BLACKBURN

I would like to share the enclosed with you as a basis for further discussions in our next academic staff gathering. The impression I would like to make on you now is that life cannot stand still. It must either expand or contract. The life of an institution, as of a universe, as of an individual, must go forward or it must retreat. The new laboratory program was born in a rash of applications prepared by myself and Henry Taylor within a few weeks in the spring of 1972. The results have brought us together and involved us in significant nationwide activities in this decade of the clinical trial. More quickly than we realized the major thrust of these trials has been completed and we are in a housekeeping operation. It was my plan that we would after living together for one to three years develop new ideas for the future. I think we have done so and now is the time to bring them into a somewhat more organized state. Two applications which were planned and instituted at the appropriate time to contribute importantly to our continuation were those for the Aging Grant and the Cardiovascular Epidemiology Training Program composed by myself in the Spring of this year. These were due to come into force about now but, as you know, each was unsuccessful. This makes the need more acute and the awareness more clear that we must plan carefully and function effectively. I am anxious to bring our present seemingly diverse but related ideas for future activities together and would like you to think how this might best be done. It seems to me that we have the possibility and the opportunity to make a significant contribution to the major interest of this laboratory in the last quarter of a century, that is, coronary disease, and in a state that we have all grown fond of living in. It seems to me that the laboratory of Minnesota communities is an appropriate one to take such an effort. It seems to me that our combined past experience, plus other skills available in this University could bring about major community projects leading to change in health behavior. It seems to me that the disciplines in which we are involved, epidemiological, clinical and experimental, could all find expression in this sort of project. It would give us a unifying theme and a major challenge and a major source of support. It would allow attack on the major problem; it would allow development of the morbidity and mortality surveillance procedures of interest to some of us, the development of noninvasive procedures and exploration of their value of interest to others of us. And it would allow the development of new skills and competence while exercising our old ones.

I belive such an approach would sell as well as do good, but I am acutely aware from the personnel and administrative problems we have dealt with in MRFIT of the added level of administrative, diplomatic, public relations effort and skills that this community project would entail. I think we need to carefully examine our attributes and our forces before we consider further this opportunity. I beleive these are visible alternatives, of a more modest nature, if we decide so.