



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
NATIONAL INSTITUTES OF HEALTH  
BETHESDA, MARYLAND 20014

September 11, 1974

NATIONAL HEART AND LUNG INSTITUTE

Dr. Henry Blackburn  
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Dear Henry:

Your reprint "Progress in Epidemiology and Prevention of Coronary Heart Disease" was awaiting me when I returned from vacation earlier this week. I enjoyed it thoroughly, and in the hope that you might have still a few extra reprints, I am enclosing franked addressed labels so that reprints might be sent directly to the members of my committee whose report you "discuss" without undue effort on your part nor undue delay on mine. It seems somewhat foolish for you to send me a reprint which I will then turn around and send back to Ron Lauer. As you know the franked labels are the equivalent of stamps and your ever watchful congress makes sure that they are only used for company business. Distribution of your reprint is, in my opinion, company business; distribution of anything else might not be.

It was fascinating and extremely flattering to find myself regarded as an academician. I cannot recall ever before having been accused of this although I have many times been accused of being a pragmatist, or worse, a politician. The difference between the art of the possible and the pragmatic approach has always escaped me but the emotion underlying the difference between the two words has not.

Your emphasis and dismay with our suggestion that the identification of children at excessively high risk of coronary heart disease to be left to chance is a turn of an entirely different screw. I seem to have spent a lot of time, and certainly I've spent a lot of words, trying to persuade well motivated volunteers and lay members of the AHA, not to do one time screening of children in school, for their identification of risk factors. Rather I have tried to encourage them to put their efforts into a good, routine, physical and laboratory examination at regular intervals such as at entrance to Senior High School and upon graduation from that school. It has seemed to me to be much more effective and, in the long run, valuable to have an "on-going" screening effort than a single gloriously advertised enumeration. The quiet, persistent search for hypertensive or hyperlipidemic or "at risk" youngsters is much harder to sell and gets fewer votes, but I happen to believe that it will help more people, keep them from becoming patients, in both the long and the short run. Believing this the interpretation of my remarks as espousing "chance" ascertainment suggests that I am less articulate than I had hoped.

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I was interested to see that you touched on some of the social aspects of the disease. I was disappointed that you did not tackle the problems of motivating apparently healthy people of all ages to initiate and maintain preventive measures. In company with Drs. Kannel and Dawber, I am all in favor of motherhood and good roads. However, I do not know how to prevent obesity in youngsters, how to insure that they will take their anti-hypertensive pills regularly, nor how to discourage them from taking up the cigarette smoking habit. And if they know how to do this they certainly have not told me.

Since in some measure I am paid to give advice to Americans, I feel comfortable in doing so although I would surely like to have more effective advice to give. Having worked so intimately with the seven country study, I am sure that you have more of a global view than I do, but as a member of the U.S. Government, I really feel that it would be a bit presumptuous of me to tell the Japanese, Italians or Greeks what they or their children should eat or do.

I had also hoped that you might make some comments about the economic backlash from generalized changes in the diet. Mr. Shaw, who was our industry consultant on Pete Ahren's Diet Heart Review Panel, impressed me with the far ranging effects of changing the payment standards for milk from butter fat to protein. Such a switch would unquestionably raise the price of powdered skim milk or liquid skim milk and, although perhaps I should not say so on paper, children in this country do have many nutritional needs apart from preventing atherosclerosis. Skim milk and eggs help to fill some of these other nutritional needs. Undoubtedly, a better balance could be struck than the one we currently have, but it would take the good will of many different groups, not a few of whose livelihood would be a stake, along with some very convincing data to affect this change.

Despite, or because of all this, I thoroughly enjoyed your paper and I hope you will be able to send copies of it via the enclosed labels. If you have the time and the inclination, I am sure they would enjoy a few remarks at the beginning, such as you made on my copy. I would also be interested in the more complete description of jazz. At the AHA, maybe?

Sincerely yours,

*Shiela C. Mitchell/jp*

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