October 8, 1974 retyped W. McFate Smith, M.D. Medical Director San Francisco General Hospital 1001 Pottero Street San Francisco, California 94110 Dear Mac: To clarify som situation here in intervention modes, my comments to you in Chicago at the Hypertension meeting were meant to be confidential and personal. I am a bit unhappy with the "image" we have of being renegades when actually we're "cautious, conservative and quantitative", in Minnesota. In Chicago I was simply feeling out how you personally would react to the idea of randomizing modes and did not wish the matter brought up in the Task Force until I had formulated a proposal. Sorry. At any rate, we are now going to randomize 10%-12% of MRFIT Special Care persons to individual counseling (the "natural Variation" between centers is 10% to 30%) and will provide, hopefully, some evidence on this, using the same general approach, in the interventions. We are submitting an ancillary proposal, to randomize between two types of group approaches (also representing existing differences in on-going MRFIT clinics) in MRFIT indigibles, and will report to you the results, if it is approved. Otherwise, our intervention here represents probably a middle ground in the protocol as far as group process versus didactic structure, and now consists of 10 full sessions. The protocol of its content will be sent you before long. We are also sending group leaders out this month to observe processes in other centers. Regards. Henry Blackburn, M.D. cc: M. Olsen H. Taylor N. Foster