

May 10, 1977

Jeremiah Stamler, M.D.
Department of Community Health
Northwestern University
303 East Chicago Avenue
Chicago, IL 60611

Dear Jerry,

The Kronberg Conference of Schettler & Co. was a useful, educational experience for me and I appreciate the availability of your materials in preparing for it. I guess there is nothing very dramatic to report to you about it, except the serious personal news of the myocardial infarction of Gerry Shaper who is in the Royal Free Hospital and is now recovering well, and of the recent death of Michael Oliver's son in an automobile accident.

It was of course, an education to hear about the latest in lipid researches including the concern for preventing the plaque by mechanisms independent of blood lipid levels, and new evidence about platelet activity. Our laboratory colleagues still have their challenges and their multi-colored, multi-sized playthings.

In a conference supposed to be concerned with the Changing Panorama of Disease and the Strategies of Prevention, the message of Robert Levy was confined entirely to the NIH program. However, we had a pleasant visit, and he now says "By the grace of God and the epidemiologists I'm brainwashed now as to important public health issues and prevention strategies." On the other hand, it did not occur to him to describe any plans for preventive strategy outside those of his institute or to refer to the Forward Plan for Health, the Inter-Society recommendations, and what not. The NIH neutrality in this respect is total.

Fred Epstein's contribution had entirely to do with the potential for prevention using assumptions from a high risk model. There was simply no one beside myself addressing the need for a combined strategy involving scientific effort, government policy and planning and public support and legislation.

The most educational thing for me was to be confronted so blatantly with the depth of the conservatism of Oglesby Paul in his attempted summary of the prevention session on the last morning. Because I had to leave early to catch a plane, and because the atmosphere of the discussions was not sufficiently free or protracted to deal with the several views, there was no good way to answer him. His whole concern, it seems to me, is that, "A couple of eloquent voices may be able to persuade a few congressmen to set up new government programs, which will burgeon by the usual inefficiency of government into costly and inefficient approaches to mass tendencies.

.../2

May 10, 1977

prevention of atherosclerotic diseases. Rather, prevention efforts should be reserved for the individual, the profession and the very small community." I haven't the faintest idea what the "very small community" is. So now I begin to understand better his concern for our public voices at the same time as our identification with MRFIT. It seems to me that this provides a platform for useful and open debate and it seems to me that after-hours MRFIT Executive Committee meetings might be the proper site, to define the need and extent of government function and collaboration with the profession and private sector in prevention strategy.

Finally, I also had a little clearer insight into the view of our laboratory colleagues, that they consider it is simply impossible by hygienic and dietary means, and impractical by drug means, to affect significantly the distribution of American LDL cholesterol levels if they are indeed important pathogenetically. Thus, the concern for non-lipid lowering mechanisms of atherosclerosis. I guess this would indeed be a fruitful area of research, if a preciously academic one. The fact that the pooling cholesterol averages were 236, the MRFIT screening, 221 and the LRC screening 210 goes a long way toward the "under 200" range in only ten years is unrecognized or unheeded. I'm particularly expressing the view of our friend Tony Gotto.

Jerry, I really think that we should editorialize more rather than burying our views and findings in long review articles in obscure publications or in presentations for highly select groups.

Cordially,

Henry Blackburn, M.D.

HB:jp